

# DEMOGRAPHIC FORM

Employee ID S# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMPLOYMENT CLASSIFICATION:

Volunteer  APT  Temporary Employee  
 Adjunct  Classified  Faculty  Student Employee

## SELF-IDENTIFICATION: ETHNICITY (CHOOSE ONE OR MORE OF THE FOLLOWING)

American Indian or Alaska Native  White  Asian  Race and Ethnicity Unknown  
 Black or African American  Native Hawaiian or Pacific Islander

## SELF-IDENTIFICATION: MILITARY & VETERAN STATUS (OPTIONAL)

Not a Veteran  Protected Veteran  Not a Protected Veteran  
 Active Wartime or Campaign Badge Veteran

## SELF-IDENTIFICATION: DISABILITY STATUS (OPTIONAL)

Disabled  Not Disabled

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_