

# E I F Employee Information Form

# PCC Human Resources Department

ID/SSN \_\_\_\_\_

New Hire     Rehire

Name \_\_\_\_\_  
*Last                      First                      MI*

Change-other \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Previous Name \_\_\_\_\_  
*(if applicable)*

Date of Birth \_\_\_\_\_

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

The following race, ethnic and gender information is used for EEO statistical purposes and general reporting only  
Do you consider yourself to be Hispanic/Latino?

- Yes  
 No

Sex:  
 Male  
 Female

In addition, select one or more of the following racial categories to declare yourself:

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White

The Department of Labor has asked employers to report Veteran status of our employees. The regulations provide that this information be voluntarily obtained from employees. Please check all categories that you qualify for:

Duty Separation Date is \_\_\_\_\_

- Veteran of the Vietnam Era  
 Other (eligible) Veteran  
 Both Vietnam/Other Protected Veteran  
 Special Disabled Veteran

Mailing Address:

Street \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City                      State                      Zip

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Campus Address: \_\_\_\_\_  
*Campus                      Building                      Room*

Campus Telephone: \_\_\_\_\_

**Confidential**     Yes     No

- If you indicate "NO", you are authorizing disclosure of your address and telephone number to any member of the public upon request.
- If you indicate "YES" you are voluntarily submitting your address and telephone number in confidence and believe that release of this information to members of the public would be an unreasonable invasion of your personal privacy and/or safety. By indicating "YES", you may miss some mail or call you would have wished to receive.

Emergency Contact Information:

Primary - *(local if possible)* Relationship \_\_\_\_\_

Secondary - *optional* Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

*City                      State                      Zip*

*City                      State                      Zip*

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_