Human Resources
PERSONAL INFORMATION FORM

L Number ________________________

Name _____________________________________________________

(Last)                                                        (First)                                                (MI)

Signature __________________________________ Date____________

This is a confidential document.
The following information is required for state and federal statistical reports, and will not be used for any other purpose.

GENDER:         □ Female            □ Male

ETHNICITY:      □ Hispanic or Latino
                 □ Not Hispanic or Latino

RACE:           □ 1 American Indian or Alaskan Native
                 □ 2 Asian
                 □ 3 Black or African American
                 □ 4 Native Hawaiian and Other Pacific Islander
                 □ 5 White

Rev 4/2011