



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