

# Personnel Record

**Legal Name:** \_\_\_\_\_  
*Last First Middle*

**Preferred First Name:** \_\_\_\_\_ **Salutation:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

**U.S Citizen:**  Yes  No    **Marital Status:**  Single  Married  Partnered

**Legal Sex:**  Female  Male    **Preferred Pronouns:** \_\_\_\_\_

*As required for federal reporting obligations, please complete:*

**Are you Hispanic or Latino/a?**  Yes  No

**What race do you consider yourself to be?** (check all that apply)

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

**Home Address:**

\_\_\_\_\_  
*Number Street City State Zip Code*

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Emergency Contacts:**

1. \_\_\_\_\_  
*Name Phone*

2. \_\_\_\_\_  
*Name Phone*

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_