Please **PRINT** clearly the information requested below. Answer **ALL** items, if there are fields that are not applicable to you, please write N/A in the space provided.

|  |
| --- |
| **Full Name *(As on SS Card (\*\*required for payroll purposes\*\*):*** |
| **Social Security Number:****Last five (5) digits only** |  |
| **Date of Birth:**  |  |
| **Gender:**  | [ ] Male [ ] Female   |
| **Nationality/ Residence Status:** | [ ]  Citizen [ ]  Non-Resident Alien [ ]  Resident Alien |
| **Marital Status:**  | [ ]  Married [ ]  Single [ ]  Separated [ ]  Divorced [ ]  Widowed |
| **Permanent Address:** |  |
| **City, State, and ZIP Code:** |  |
| **County:** |  |
| **Home Telephone and Cell:** |  |
| **Personal Email Address:** |  |
| ***Employee’s Mailing Address: (If different from permanent address above)*** |
| **Employee’s Mailing Address:** |  |
| **City, State and ZIP Code:** |  |
| **Home Telephone and Cell:** |  |
|  **Employee’s Personal Email Address:** |  |
| ***Emergency Contact (Please indicate your primary form of contact by placing an asterisk by the number)*** |
| **Full Name:** |  |
| **Mailing Address:** |  |
| **City, State, and ZIP Code:** |  |
| **County:** |  |
| **Primary Telephone: Alternate Telephone(s):** |  |
| **Email Address:** |  |
|  |  |
| ***2nd In case of emergency, contact: (Please indicate your primary form of contact by placing an asterisk by the number)*** |
| **Full Name:** |  |
| **Mailing Address:** |  |
| **City, State, and ZIP Code:** |  |
| **Primary Telephone: Alternate Telephone(s):** |  |
| **Email Address:** |  |
| **Ethnic Origin:** | [ ]  01 White (Non- Hispanic/Latino)[ ]  02 Black or African  American[ ]  03 Asian (Non- Hispanic/Latino) | [ ]  04 American Indian or  Alaskan Native[ ]  05 Native Hawaiian or  Other Pacific Islander[ ]  06 Two or More Races (Non- Hispanic/Latino) | [ ]  07 Hispanic/Latino |
| **Military Information** |
| **Military Status:** | [ ]  Active[ ]  Drilling Reservist | [ ]  Inactive Reservist[ ]  Retired Reservist  |  |
| **Veteran Status:****Discharge Date:** \_\_\_\_/\_\_\_/\_\_\_  | [ ]  Protected Veteran[ ]  Special disabled  Veteran[ ]  Vietnam-Era Veteran[ ]  Other Protected  Veteran | [ ]  Recently Separated  Veteran[ ]  Armed Forces Service  Medal Veteran[ ]  Disabled Veteran | [ ]  Not a Protected  Veteran[ ]  Non-Veteran |
| **Additional Veteran Status:** | [ ]  Separated | [ ]  Retired |  |
| **National Guard Status:** | ☐ Current member of the  NC National Guard | [ ]  Former member of the  NC National Guard  with six years of NG  creditable service |  |
| **Military Spouse Indicator:** | [ ]  Spouse of active-duty military service member or NC National Guard member |
| **State Statue:** | [ ]  Spouse of disabled Veteran | [ ]  Spouse or surviving  dependent of deceased  Veteran  |  |
| **Education level/ Dates:** | [ ]  00 LESS 9[ ]  01 LESS HS[ ]  02 HS GRAD[ ]  03 HS +1[ ]  04 HS +2 | [ ]  05 HS +3[ ]  06 BAC DEG[ ]  07 MASTERS[ ]  08 PHD[ ]  0A ASSOC DEG | [ ]  0D DENTIST[ ]  0L JURISPRUDENCE[ ]  0M MED DOCTOR[ ]  0O OTHER |
| **College/University:** |  |
| **Dates Attended Month/Year:** | **From:** Click or tap to enter a date. | **To:** Click or tap to enter a date. |

|  |
| --- |
| **Medical File** |

|  |  |
| --- | --- |
| **Physician’s Name:** |  |
| **Physician’s Telephone:** |  |
| **Hospital Preference:** |  |
| **Medication Allergies:**  |  |
| **Special Instructions in Case of Emergency:**  |  |