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:** |  |