

SUBMIT COMPLETED FORM TO HUMAN RESOURCES

Signature:		Today's Date:	
Employee Name (print):		Employee New Name (print):	
<input type="checkbox"/> Copy of social security card attached (required if not already provided)		<input type="checkbox"/> Copy of new social security card attached (required)	
Current Address		New Address	
Street:		Street:	
City:		City:	
State:	Zip:	State:	Zip:
Email Address:		New Email Address:	
Home Phone:		New Home Phone:	
Personal Cell Phone:		New Cell Phone:	
<input type="checkbox"/> Authorized to publish within Friendsview			
Date of Birth (month day year):		Marital Status:	
<input type="checkbox"/> Authorized to publish (mo/day) within Friendsview		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Emergency Contact:		Emergency Contact:	
Contact #1		Contact #2	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Primary telephone #: _____		Primary telephone #: _____	
Address: _____		Address: _____	
EEO Race & Ethnic Identification: (Please check the group you most closely identify with)		Vietnam Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No (Served between 8/5/1964 and 5/7/1975)	
<input type="checkbox"/> Hispanic or Latino/a		Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No (Received 30% military disability)	
OR		Other Eligible Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No (See list available from Human Resources)	
Not Hispanic or Latino/a, and:		Presence of disability that needs accommodation:	
<input type="checkbox"/> White		<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please contact Human Resources)	
<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Asian			
<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Two or More Races			