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| New Employee Information Form |

Last Name First Name MI Social Security No.

Date of Birth Street Address P.O. Box / Apt. No.

City State Zip Code Home Phone No.

*If you plan on working outside CHA during your employment with us, please provide facility name and location as well as number of hours/shifts and anticipated frequency.*

*Please check relevant category:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | **Marital Status** | **Race/Ethnicity** | **Disability Status** | **Veteran Status** |
| *[ ]* Male | *[ ]* Single | *[ ]* White | *[ ]* Not Disabled | *[ ]* No veteran Status |
| *[ ]* Female | *[ ]* Married | *[ ]* American Indian or Alaskan Native | *[ ]* Disabled | *[ ]* Vietnam Veteran |
|  | *[ ]* Widowed | *[ ]* Black or African American |  | *[ ]* Disabled Veteran |
|  | *[ ]* Divorced | *[ ]* Hispanic or Latino |  | *[ ]* Disabled Vietnam Veteran |
|  |  | *[ ]* Native Hawaiian or other Pacific Islander |  | *[ ]* Military |
|  |  | *[ ]* Asian |  |  |
|  |  | *[ ]* Two or more races |  |  |

Primary contact in case of emergency:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Address |   |
| Home Phone No. |  | Mobile Phone No. |  |