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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. | |  |