



## **Computer Data Sheet**

(Please Print)

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
City/State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ☐ Female ☐ Male

Race: (Please check only one)

- ☐ White (not of Hispanic origin)
- ☐ Black or African American (not of Hispanic origin)
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian / Pacific Islander
- ☐ Hispanic / Latino (White race)
- ☐ Two or more races
- ☐ I prefer not to answer

Do you believe you have a disability that materially limits one or more major life functions?

Yes ☐ No ☐

Are you a U.S. Citizen? Yes ☐ No ☐

If no, what is your Country of Citizenship \_\_\_\_\_

Have you ever been employed here before? Yes ☐ No ☐

If yes, last date worked \_\_\_\_\_ Under what name? \_\_\_\_\_

In the event of an emergency please notify:

Name \_\_\_\_\_  
Last First Middle Relationship

Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_