



EPAF PERSONAL DATA FORM

(This form should be used for New/Rehired Employees)

Print Name: _____ SS#: _____
(Name Must Be the Same as Shown On Social Security Card)

Mailing Address: _____

City State County Zip Code

Home Phone: () _____ Contact Phone: () _____

Date of Birth: _____ Sex: _____

Marital Status: _____

Ethnicity: Do you consider yourself to be Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ____ **Yes** ____ **No**

Race: ____ Black or African-American
____ American Indian/Alaskan Native
____ Asian
____ White/Caucasian
____ Native Hawaiian or Other Pacific Islander

Citizenship: ____ US Citizen
____ Resident Alien
____ Non-Resident Alien
____ Permanent Resident

Highest Educational Degree (check highest and list the year attained):

____ Associate _____ Bachelor _____ ED. _____
____ Master's _____ Ph.D. _____ Some College _____