



**FDTC Office of Human Resources  
Employee Information Form**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:     Male                                Status:     Single                                 Divorced  
                  Female                                 Married                                 Widowed

Ethnicity:    Are you Hispanic or Latino?     Yes     No

Race:    Regardless of how you responded above, please choose one or more races from the list below:

- American Indian or Alaskan Native     Asian     Black or African American
- Native Hawaiian or Other Pacific Islander     White

Are you a Veteran?     Yes                                 No

Highest Degree Earned: \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Building: \_\_\_\_\_ Office Number: \_\_\_\_\_ Office Ext: \_\_\_\_\_

Emergency Contact Information:

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Telephone #1: \_\_\_\_\_ Emergency Telephone #2: \_\_\_\_\_

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Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Telephone #1: \_\_\_\_\_ Emergency Telephone #2: \_\_\_\_\_

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