

**SUBMIT COMPLETED FORM TO HUMAN RESOURCES**

<b>Signature:</b>		<b>Today's Date:</b>	
<b>Employee Name (print):</b>		<b>Employee New Name (print):</b>	
<input type="checkbox"/> Copy of social security card attached (required if not already provided)		<input type="checkbox"/> Copy of new social security card attached (required)	
<b>Current Address Street:</b>		<b>New Address Street:</b>	
<b>City:</b>		<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	<b>State:</b>	<b>Zip:</b>
<b>Email Address:</b>		<b>New Email Address:</b>	
<b>Home Phone:</b>		<b>New Home Phone:</b>	
<b>Personal Cell Phone:</b>		<b>New Cell Phone:</b>	
<input type="checkbox"/> Authorized to publish within Friendsview			
<b>Date of Birth (month day year):</b>		<b>Marital Status:</b>	
<input type="checkbox"/> Authorized to publish (mo/day) within Friendsview		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Emergency Contact:</b>		<b>Emergency Contact:</b>	
Contact #1		Contact #2	
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Primary telephone #: _____		Primary telephone #: _____	
Address: _____		Address: _____	
<b>EEO Race &amp; Ethnic Identification:</b> (Please check the group you most closely identify with) <input type="checkbox"/> Hispanic or Latino/a <p style="text-align: center;"><b>OR</b></p> Not Hispanic or Latino/a, and: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races		<b>Vietnam Era Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Served between 8/5/1964 and 5/7/1975) <b>Disabled Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Received 30% military disability) <b>Other Eligible Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (See list available from Human Resources)  <b>Presence of disability that needs accommodation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please contact Human Resources)	