



## EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

OTHER NAME: \_\_\_\_\_  
(AKA or ALIAS)

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

1. Please list any medical conditions: \_\_\_\_\_

2. Please list any medications you must take and/or are allergic to \_\_\_\_\_

### EMPLOYEE RACE/ETHNICITY INFORMATION:

New federal guidelines require that we gather race/ethnicity information on all new employees in a two part question. Please complete the information listed below:

<b>WHAT IS YOUR ETHNICITY? (Please check one):</b>	<input type="checkbox"/> Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)	<input type="checkbox"/> Not Hispanic or Latino
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<b>WHAT IS YOUR RACE? (Please check up to five racial categories)</b>		
<i>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be.</i>		
<input type="checkbox"/> American Indian or Alaskan Native(100) <small>(Persons having origins in any of the original people of North, Central or South America )</small>	<input type="checkbox"/> Laotian (206)	<input type="checkbox"/> Tahitian (304)
<input type="checkbox"/> Chinese (201)	<input type="checkbox"/> Cambodian (207)	<input type="checkbox"/> Other Pacific Islander (399)
<input type="checkbox"/> Japanese (202)	<input type="checkbox"/> Hmong (208)	<input type="checkbox"/> Filipino/Filipino American (400)
<input type="checkbox"/> Korean (203)	<input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> African American or Black (600)
<input type="checkbox"/> Vietnamese (204)	<input type="checkbox"/> Hawaiian (301)	<input type="checkbox"/> White (700) <small>(Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)</small>
<input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Guamanian (302)	
	<input type="checkbox"/> Samoan (303)	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date