

Employee ID Request Form

Name: _____
Last *First* *MI*

Mailing Address: _____

City *State* *Zip*

SSN: _____ - _____ - _____

Date of Birth: _____

Gender: _____ **Male** _____ **Female**

Marital Status: _____

Race/Ethnicity: _____ **Black/African American**
 _____ **White/Caucasian**
 _____ **Asian**
 _____ **Hispanic**
 _____ **American Indian/Alaskan**
 _____ **Hawaiian/Pacific Islander**

Citizenship: _____ **US Citizen**
 _____ **Permanent Resident Alien**
 _____ **Non-Citizen**

Hiring Department: _____

Hiring Supervisor/Contact Person: _____

Contact Phone Number: _____

Return this form to HR along with pre-employment documents for new hires.