PERSONAL DATA SHEET

This form is to be completed by all new employees. Current employees must complete the appropriate section(s) on this form when a change to any of the information has occurred.

All information is kept confidential and separate from your personnel file.

Name: _____ ☐ Male ☐ Female   Date of Birth: _____

Address: _____   Phone: home (_____) _____

_____   cell   (_____) _____

Email Address**:** _____ ☐ Married   ☐ Single   ☐ Divorced   ☐ Widowed

Social Security # if new hire: _____   **LID # required if current employee:** _____

Position: _____   Department: _____

EMERGENCY INFORMATION

Contact

Name: _____

Phone: home (_____) _____

        work (_____) _____

Relationship
☐ Spouse	☐ Grandparent
☐ Ex-spouse	☐ Sister/Brother
☐ Child	☐ Aunt/Uncle
☐ Step-child	☐ Cousin
☐ Parent	☐ Parent-in-law
☐ Step-parent	☐ Friend/Other_____

                                 Relationship

Alternate

Name: _____

Phone: home (_____) _____

        work (_____) _____

Relationship
☐ Spouse	☐ Grandparent
☐ Ex-spouse	☐ Sister/Brother
☐ Child	☐ Aunt/Uncle
☐ Step-child	☐ Cousin
☐ Parent	☐ Parent-in-law
☐ Step-parent	☐ Friend/Other_____

                                 Relationship

Alternate

Name: _____

Phone: home (_____) _____

        work (_____) _____

Relationship
☐ Spouse	☐ Grandparent
☐ Ex-spouse	☐ Sister/Brother
☐ Child	☐ Aunt/Uncle
☐ Step-child	☐ Cousin
☐ Parent	☐ Parent-in-law
☐ Step-parent	☐ Friend/Other_____

                                 Relationship

FEDERAL REPORTING REQUIRES THIS INFORMATION

It is the policy of Lakeland Community College to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, national origin or ancestry, sex, sexual orientation, marital and or parental status, age, religion disability or veteran status. Various agencies of the United States government require employers to collect information. This information is for purposes of compliance with record-keeping requirements and to determine recruiting and employment patterns and in no way affects eligibility for promotions, transfers, etc.

Are you Hispanic or Latino?
☐ Yes
☐ No

Race / Ethnicity (Please select one or more):
☐ American Indian or Alaskan Native   ☐ Asian
☐ Black or African-American
☐ Native Hawaiian or Pacific Islander   ☐ White

Do you consider yourself an individual with a disability?

☐ Yes   ☐ No   Type of Disability: _____

Please sign to verify that the information you have provided is accurate to the best of your knowledge.

_____   _____
Signature   Date