



NEW EMPLOYEE DEMOGRAPHIC INFORMATION

*Sinclair College is required by Federal law to request this information for statistical reporting purposes.
Your response is voluntary, except where noted by (*).*

*Hire Date: _____

*Legal Name: _____

Preferred Name: (if other than legal name) _____

*Social Security Number: _____

Emergency Contact Information:

*Contact Name: _____ *Relationship: _____

*Contact Phone Number: _____ ☐ Mobile ☐ Home ☐ Other: _____

Ethnic Group:

☐ Hispanic/Latino

☐ Non-Hispanic/Latino

Race (please choose one from the following):

☐ American/Alaska Native

☐ Asian

☐ Hawaiian/Pacific Islander

☐ Black or African American

☐ White

Gender: ☐ Male ☐ Female **Birth Date:** _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Academic Information:

Degree Earned: _____

Institution: _____

Years attended Start Date: _____ End Date: _____

Degree Earned: _____

Institution: _____

Years attended Start Date: _____ End Date: _____

License/Certification Information:

Type: _____

Number: _____

Start Date: _____ Expiration Date: _____

Military Reserve/Guard Information:

Branch _____