



## NEW EMPLOYEE DEMOGRAPHIC INFORMATION

*Sinclair College is required by Federal law to request this information for statistical reporting purposes.  
Your response is voluntary.*

**Hire Date:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_

**Preferred Name:** (if other than legal name) \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Ethnic Group:**

☐ Hispanic/Latino

☐ Non-Hispanic/Latino

**Race (please choose one from the following):**

☐ American/Alaska Native

☐ Asian

☐ Black or African American

☐ White

☐ Hawaiian/Pacific Islander

**Gender:** ☐ Male ☐ Female

**Birth Date:** \_\_\_\_\_

**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

**Emergency Contact Information:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**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 \_\_\_\_\_