



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 _____