

HURST STORES

NEW EMPLOYEE DATA FORM

Directions:

On the date of hire, the new employee completes the fields in the employee data area.

On-site the Manager completes the employee race / ethnicity area by visual observation if the employee has not self-identified.

Employee Data:

Employee Name: First Middle Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Social Security Number:		
Home Address: Street City State Zip Code			
Date of Birth:	Home Phone Number:	Cell Phone number:	Personal Email:

Emergency Contact Data:

Emergency Contact:	Relationship to Employee:	
Emergency Contact Address: Street City State Zip Code		
Primary Phone Number:	Secondary Phone Number:	Email:

Voluntary Self-Identification Data:

The employer may be subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity, veteran or handicapped status, and sex and marital status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Race or Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races	Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Veteran Status: <input type="checkbox"/> I belong to the following classifications of protected veterans (Choose all that apply): <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran: Military Discharge Date (MM/DD/YYYY) _____ <input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran <input type="checkbox"/> I am a protected veteran, but I choose not to self-identify the classifications to which I belong <input type="checkbox"/> I am NOT a protected veteran.		
<input type="checkbox"/> I do not wish to Self-Identify		
Signature: _____		
Date Completed: _____ Signature: _____		