

# VERIFICATION/INFORMATION DOCUMENT

**Emp. ID#:** \_\_\_\_\_

**EMPLOYEE INFORMATION (Please Print)**

<b>NAME:</b>	<b>MAIDEN NAME:</b>
<b>CURRENT ADDRESS:</b>	<b>EMAIL:</b>
<b>CITY/STATE/ZIP:</b>	<b>HOME PHONE:</b>
<b>SOCIAL SECURITY NO.:</b>	<b>DATE OF BIRTH:</b>
<b>ANNUAL SALARY:</b>	<b>DATE OF HIRE:</b>

**MARITAL STATUS:** Check One) Single  Married  Divorced  Separated   
 Other (Explain \_\_\_\_\_)

**SEX:** MALE  FEMALE  (Check one)

**WHAT IS YOUR RACE:** (Select one or more)  White  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  Two or More Races Please Specify \_\_\_\_\_

**ARE YOU HISPANIC OR LATINO?**  YES  NO (Check one)

**SPOUSE/DOMESTIC PARTNER INFORMATION (Please Print) SPOUSE  DOMESTIC PARTNER  (Check one) MALE  FEMALE  (Check one)**

<b>NAME:</b>	<b>DATE OF MARRIAGE:</b>
<b>SOCIAL SECURITY NO.:</b>	<b>DATE OF BIRTH:</b>

**CHILDREN/DEPENDENT INFORMATION (Please Print)**

<b>NAME:</b> <span style="float: right;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></span>	<b>NAME:</b> <span style="float: right;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></span>
<b>SOCIAL SECURITY NO.:</b>	<b>SOCIAL SECURITY NO.:</b>
<b>DATE OF BIRTH:</b>	<b>DATE OF BIRTH:</b>

<b>NAME:</b> <span style="float: right;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></span>	<b>NAME:</b> <span style="float: right;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></span>
<b>SOCIAL SECURITY NO.:</b>	<b>SOCIAL SECURITY NO.:</b>
<b>DATE OF BIRTH:</b>	<b>DATE OF BIRTH:</b>

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_