



# State Human Resources Office

Arizona Department of Emergency & Military Affairs

## New Employee Personal Information Form

### Employee Information

Name: _____		Preferred Name: _____	
Address _____	City _____	State _____	County _____ Zip _____
Supplemental Address _____	City _____	State _____	County _____ Zip _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Home Phone _____ Cell Phone _____

### Emergency Contact Information

Name: _____	Relationship: _____
Address _____	
City _____	
State _____	
Zip _____	
Country _____	
Home Phone _____	Cell Phone _____ Work Phone _____
Signature of Employee _____	Date: _____ EIN _____

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### OPTIONAL INFORMATION

*\*Detach Before Filing\**

Ethnic Code (select one only)	Veteran Status	Disability
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Veteran	<input type="checkbox"/> Yes
<input type="checkbox"/> African American / Black	<input type="checkbox"/> Disabled Veteran	
<input type="checkbox"/> Hispanic		
<input type="checkbox"/> White		
<input type="checkbox"/> Unspecified		