

Pratt

CONFIDENTIAL PERSONAL DATA FORM

Name: _____ Date of birth: _____
Home address: _____ Home telephone: _____
City: _____ State: _____ Zip code: _____
Social security #: _____ Place of birth: _____

Marital status: _____ If married, name of spouse: _____
Name(s) and age(s) of dependent child(ren):

In case of emergency please notify:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone: _____	Telephone: _____

The following information is used exclusively for internal monitoring of our Equal Employment Opportunity Program and for preparation of reports required by State and Federal Agencies.

1. Military service and present status: _____

2. Handicap status (voluntary): _____

3. Sex: _____ Male _____ Female

4. Ethnicity (check one only): ____ White (non-Hispanic) ____ Black (non-Hispanic) ____ Hispanic ____ Asian or Pacific Islander ____ Native American or Alaskan Native

Signature: _____ Date: _____