

Employee ID Request Form

Name: _____
Last First MI

Mailing Address: _____

City State Zip

SSN: _____ - _____ - _____

Date of Birth: _____

Gender: _____ Male _____ Female

Marital Status: _____

Race/Ethnicity: _____ Black/African American
_____ White/Caucasian
_____ Asian
_____ Hispanic
_____ American Indian/Alaskan
_____ Hawaiian/Pacific Islander

Citizenship: _____ US Citizen
_____ Permanent Resident Alien
_____ Non-Citizen

Hiring Department: _____

Hiring Supervisor/Contact Person: _____

Contact Phone Number: _____

Return this form to HR along with pre-employment documents for new hires.