



INSTRUCTIONS: Please or fill in blanks. Sign below and return to Human Resources.

Title: Mr. / Ms. / Mrs. / Dr.

Last Name: _____ **First Name:** _____ **Middle Int.** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____ **Unlisted:** Yes or No

Email: _____ **Cell:** _____

Social Security #: _____ **Date of Birth:** _____ **Sex:** Male Female

Ethnic/Racial Background (optional):

1. Are you Hispanic/Latino: Yes or No
2. Select one or more races:
 - American Indian/Alaska native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Other _____

Handicap/Veteran Status (optional):

- Handicap :** Yes or No
- Veteran :** Yes or No

In Case of Emergency Notify: _____ **Emergency Phone** _____

Marital Status:

M , S , W , D **Spouse Name:** _____ **Phone #:** _____

Children's Name(s)	Date of Birth
_____	_____
_____	_____
_____	_____

Present BCC Job Title _____ **Weekly Hours** _____

Department: _____ **Office #** _____ **Ext:** _____

BCC Supervisor's Name _____ **Initial BCC Hire Date** _____

Education:	<u>Name of School</u>	<u>Date Awarded</u>
Associates:	_____	_____
Bachelors:	_____	_____
Masters:	_____	_____
Doctorate:	_____	_____
Other:	_____	_____

Signature: _____ **Date** _____

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