EMPLOYEE INFORMATION AND DEMOGRAPHICS

**CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In order to complete your personnel file, please provide us with the following information: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| NAME: |  | | | |  | | |  | | |  |
|  | (Last) | | | | (First) | | | (Middle) | | |  |
|  | | | | | | | | | | | |
| ADDRESS: | |  | | | |  | | |  | |  |
|  | | (Number & Street), (# Apt.) | | | | (City) | | | (Zip) | |  |
|  | | | | | | | | | | | |
| TELEPHONE: | | |  | |  | | |  | | |  |
|  | | | (Home) | | (Cell) | | | (Work) | | |  |
|  | | | | | | | | | | | |
| EMAIL: |  | | | | | | | | | |  |
|  | | | | | | | | | | | |
| DATE OF BIRTH: | |  | | SWC ID: | | |  | | |  | |
| [MIS-EB02] | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IN EMERGENCY NOTIFY: | | |  | | | | |  |
|  | | | | | | | | |
| RELATIONSHIP: | |  | | TELEPHONE: | |  | |  |
|  | | | | | | | | |
| ADDRESS: |  | | | |  | |  |  |
|  | (Number & Street), (# Apt.) | | | | (City) | | (Zip) |  |
|  | | | | | | | | |

**DEMOGRAPHICS**

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| In order to comply with California Code of Regulations, title 5, the District is required to maintain accurate information regarding employee gender, ethnicity, and disabilities. In addition to ensuring compliance with state law and the California Community College Chancellor’s Office, the District’s accurate reporting to the composition of its employee force is tied to state and federal funding. This information is confidential and is used only for analysis of the District workforce as required by title 5, section 53003©(6). | | |
| ETHNIC BACKGROUND: (choose one)  Hispanic/Latino [HIS]  Non Hispanic/Latino [NHS]  [MIS-EB14.1]  GENDER: (choose one)  Male  Female  [MIS-EB03.F-M]  DISABILITY: (choose one)  Yes  No  Note: The ADA defines an individual with a disability as a person who has a physical or mental impairment which substantially limits one or more major life activities (such as walking, speaking, breathing, seeing, hearing, learning, etc.), and who has a record of such impairment (examples include asthma, arthritis, hearing loss).  VETERAN STATUS: (if applicable)  Yes  No | RACE(S): (check all that apply)  Mexican/Mexican American/Chicano [13]  Centeral American [15]  South American [14]  Other Hispanic [16]  Asian Indian [07]  Asian Chinese [01]  Asian Japanese [02]  Asian Korean [03]  Asian Laotian [04]  Asian Cambodian [05]  Asian Vietnamese [06]  Filipino [13]  Asian Other [AS]  Black or African American [BL]  American Indian, Alaskan Native [18]  Pacific Islander Guamanian [09]  Pacific Islander Hawaiian [10]  Pacific Islander Samoan [11]  Pacific Islander Other [NP]  White [WH]  [MIS-EB14.2-21] |  |

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**Signature Date**