



State of New Mexico – Personal Data Form 04-012

EMP ID:				
NAME:		Last	First	Middle Initial
SOCIAL SECURITY NUMBER	DATE OF BIRTH	BIRTH COUNTRY:	BIRTH STATE:	
ADDRESS:		GENDER	DATE OF HIRE/ Effective Date	
CITY		STATE	ZIP	COUNTY
PHONE NUMBER/TYPE (check preferred)		E-MAIL ADDRESS/TYPE (check preferred)		
Voluntary Information Below: The following requested information below is voluntary but is necessary to assure compliance with analysis and reporting requirements of Federal Equal Opportunity Laws. Your cooperation is appreciated.				
EDUCATIONAL LEVEL		MARITAL STATUS		
		AS OF DATE: _____		
MILITARY STATUS		ETHNICITY (Check one)		
EMERGENCY CONTACT INFORMATION				
NAME				
ADDRESS				
PHONE NUMBER(S)				
RELATIONSHIP				

Employee Signature: _____ Date: _____