



# State of New Mexico – Personal Data Form 04-012

<b>EMP ID:</b>			
<b>NAME: Last</b>		<b>First</b>	<b>Middle Initial</b>
<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>	<b>BIRTH COUNTRY:</b>	<b>BIRTH STATE:</b>
<b>ADDRESS:</b>		<b>GENDER</b>	<b>DATE OF HIRE/ Effective Date</b>
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
			<b>COUNTY</b>
<b>PHONE NUMBER/TYPE (check preferred)</b>		<b>E-MAIL ADDRESS/TYPE (check preferred)</b>	
<b>Voluntary Information Below:</b> 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.			
<b>EDUCATIONAL LEVEL</b>		<b>MARITAL STATUS</b>	
		AS OF DATE: _____	
<b>MILITARY STATUS</b>		<b>ETHNICITY (Check one)</b>	
<b>EMERGENCY CONTACT INFORMATION</b>			
<b>NAME</b>			
<b>ADDRESS</b>			
<b>PHONE NUMBER(S)</b>			
<b>RELATIONSHIP</b>			

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_