



## Employee Information Sheet

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number Street Apt. No.

\_\_\_\_\_  
City County Zip Code

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Cell Number Home Number

PERSONAL EMAIL: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

ENDORCEMENT: ☐ YES ☐ NO TYPE (CDL A, B etc.): \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

The following information is requested in accordance with Federal statistical reporting requirements and is required for reporting ONLY

SEX: ☐ Male ☐ Female Are you a Veteran of the Armed Forces? ☐ Yes ☐ No

RACE/ETHNICITY: ☐ White ☐ Black or African American ☐ Asian ☐ Hispanic/Latino

☐ Native Hawaiian/Pacific Islander ☐ Two or more races ☐ American Indian/Alaskan Native

Have you worked for Action Traffic Maintenance, Inc. in any capacity at any time in the past? ☐ Yes ☐ No

If yes, what Department (s): \_\_\_\_\_ Approximate Date(s) \_\_\_\_\_

**NOTICE:** ANY PERSONNEL STATUS CHANGES (i.e., Marriage, Divorce, Birth of Child, etc.) must be notified to Human Resources within 30 days of occurrence.

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Employee Signature

EQUAL OPPORTUNITY EMPLOYER