



**Human Resources**  
**PERSONAL INFORMATION FORM**

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L Number \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (MI)

Signature \_\_\_\_\_ Date \_\_\_\_\_

This is a confidential document.  
The following information is required for state and federal statistical reports, and will not be used for any other purpose.

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GENDER:  Female  Male

ETHNICITY:  Hispanic or Latino  
 Not Hispanic or Latino

RACE:  1 American Indian or Alaskan Native  
 2 Asian  
 3 Black or African American  
 4 Native Hawaiian and Other Pacific Islander  
 5 White