

Employee Personal Information

Please complete the following personal information.

This confidential information will be added to our database and will be kept in your record.

Name:	
Position:	
Phone - Cell:	
Email - Home:	
Primary Language:	
Additional Languages:	

Marital Status
<input type="checkbox"/> Single
<input type="checkbox"/> Married
<input type="checkbox"/> Domestic Partner

EMERGENCY CONTACTS	
Contact #1/Name:	
Relationship:	
Contact Number:	
Email:	

Contact #2/Name:	
Relationship:	
Contact Number:	
Email:	

Self-Identified Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female



Voluntary Self-Evaluation Form

Homes for the Homeless is an Equal Opportunity Employer. As required by law, we must record certain information and report it to maintain status as an Equal Opportunity Employer.

Please **voluntarily** complete the information requested below.

Section 1: General Information

Name:

Date:

Section 2:

Please check all that apply

Race or Ethnic Identity	Definition
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Chicano, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North & South America (including Central America) and who maintain tribal affiliation or community attachments.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	All persons who primarily identifies with two or more of the above race/ethnicity categories.

Please select

Veteran Status

- ☐ **Veteran**
- ☐ **Vietnam Era Veteran**
- ☐ **Special Disabled Veteran**
- ☐ **Other Eligible Veteran**

Please select

Other

- ☐ **Individual with Disabilities**
(Please specify)

Please Note: If you choose **not** to self-identify, HFH, in order to properly report the EEO status of its employees, will use its best judgment to identify you based on the federally based categories listed above.