CONTRA COSTA COMMUNITY COLLEGE DISTRICT

Personal Information Sheet

❑ Mr.	❑ Miss	❑ Mrs.	❑ Ms.	❑ Dr.

Full Name	Social Security Number	ID# (*HR use only*)

Home Address, City Sate, Zip Code	Mailing Address, City State, Zip Code

Date of Birth	Gender		Email Address	Telephone Number
	❑ Male	❑ Female		Home: Cell:

Person to Notify in Case of Emergency	Emergency phone number	Relationship

Work Location	Department	Hire Date	Hiring Manager

Employee Type	Classification	Benefit Start Date	Monthly Salary

Previous CCCD Employee?	If yes, Campus:	Approx. Dates:

Ethnicity (chose one)	❑NHS-Non-Hispanic	❑ HIS-Hispanic	

Select Race (*Check all that apply*)

- ❑ B – African-American, Non-Hispanic
- ❑ A – Asian
- ❑ AC – Chinese
- ❑ AI – Asian Indian
- ❑ AJ – Japanese
- ❑ AK – Korean
- ❑ AL – Laotian
- ❑ AM – Cambodian
- ❑ AV – Vietnamese

AX – Other Asian

- ❑ F – Filipino
- ❑ PG – Guamanian
- ❑ PH – Hawaiian
- ❑ PS – Samoan
- ❑ PX – Other Pacific Islander
- ❑ W – White, Non-Hispanic
- ❑ N – American Indian/ Alaskan Native*

Tribe: _____

_____

- ❑ HM – Mexican, Mexican-American, Chicano
- ❑ HR – Central American
- ❑ HS – South American
- ❑ HX – Other Hispanic

- ❑ Decline to State

*member of an American Indian Tribe or band recognized by the Bureau of Indian Affairs; or has at least one-quarter blood quantum of tribes or bands indigenous to the United States or Canada. SPB Rule 547.34 requires written verification of American Indian ancestry at time of employment.