

# Employment Information Record

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Address City State Zip

Voluntary Self-Identification Information: Please complete part I and II.

**Part I.**  
(Please select one)  
**Ethnicity**  Hispanic/Latino  
 Not Hispanic/Latino  
 I prefer not to disclose

**Part II.**  
(Please select one or more)  
**Race**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 I prefer not to disclose

Your Gender \_\_\_\_\_ Marital Status  Single  
 Married  
Spouse's name \_\_\_\_\_  
 Other

Cell Phone(if applicable) \_\_\_\_\_  
Home Phone (if applicable) \_\_\_\_\_

Your Date of Birth \_\_\_/\_\_\_/\_\_\_

Your date of employment with Doane \_\_\_/\_\_\_/\_\_\_

Position/Title \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_  
**Relationship** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_  
**Alternate Phone** \_\_\_\_\_

Faculty, staff and students have access to a phone directory available on the Doane website. Faculty and staff may choose to include their personal contact information in the Directory. Please indicate if you would like the following information published:  
Home Phone  Yes  No  Not applicable  
Cell Phone  Yes  No  Not applicable  
Address  Yes  No