



CONTRA COSTA COMMUNITY COLLEGE DISTRICT

Personal Information Sheet

<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Full Name		Social Security Number		ID# (HR use only)
Home Address, City State, Zip Code			Mailing Address, City State, Zip Code	
Date of Birth	Gender	Email Address	Telephone Number	
	<input type="checkbox"/> Male <input type="checkbox"/> 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)	<input type="checkbox"/> NHS-Non-Hispanic	<input type="checkbox"/> HIS-Hispanic		
Select Race (Check all that apply)				
<input type="checkbox"/> B – African-American, Non-Hispanic <input type="checkbox"/> A – Asian <input type="checkbox"/> AC – Chinese <input type="checkbox"/> AI – Asian Indian	<input type="checkbox"/> AJ – Japanese <input type="checkbox"/> AK – Korean <input type="checkbox"/> AL – Laotian <input type="checkbox"/> AM – Cambodian <input type="checkbox"/> AV – Vietnamese <input type="checkbox"/> AX – Other Asian	<input type="checkbox"/> F – Filipino <input type="checkbox"/> PG – Guamanian <input type="checkbox"/> PH – Hawaiian <input type="checkbox"/> PS – Samoan <input type="checkbox"/> PX – Other Pacific Islander <input type="checkbox"/> W – White, Non-Hispanic <input type="checkbox"/> N – American Indian/ Alaskan Native* Tribe: _____ _____	<input type="checkbox"/> HM – Mexican, Mexican-American, Chicano <input type="checkbox"/> HR – Central American <input type="checkbox"/> HS – South American <input type="checkbox"/> HX – Other Hispanic <input type="checkbox"/> 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.				