FLORIDA COMMERCE

Employee Personal Information

This form is **required** for all new hires to the department. Please complete this form in its entirety. This information will be used to enter your personal information in the People First system. **Note:** Cell number is required for future password resets to the People First System.

Personal Info:

Full Name (must match your Social Security card):	
Gender: ☐ Female ☐ Male	**Date of Birth (MM/DD/YYYY):**
Home Number:	**Cell Number:**
Home Address (Street, City, State, Zip Code):	
Mailing Address (if different from home):	

EEO-Veteran:

Ethnicity (CHECK ONLY ONE):	Race (CHECK ONLY ONE):
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Some Other Race or Two or More Races
Vets 4212 Reporting (CHECK ALL THAT APPLY): ☐ Not Applicable ☐ Disabled Veteran ☐ Armed Forces Service Medal Veteran ☐ Recently Separated Veteran ☐ Veteran with Active Duty During War, Camp	**Military Status (CHECK ALL THAT APPLY):** ☐ Not Applicable ☐ Veteran/Retired Military ☐ Current Member of the Reserves ☐ Current Member of the National Guard ☐ Current Member of the FL State Guard