



# Wisconsin Evangelical Lutheran Synod Human Resources Employee Data Form

To assist us in managing employee information, please supply the information requested below. This information will be kept confidential and maintained in the Human Resources department.

## PERSONAL

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Synod Call Date: \_\_\_\_\_  
 Gender:      Male      Female      Are you a protected Veteran?      Yes      No  
 Spouse's Name: \_\_\_\_\_  
 Marital Status:      Single      Married      Separated      Divorced      Widow

## RACE/ETHNICITY

White      Black or African American      Hispanic      Asian  
 American Indian/Alaskan Native      Native Hawaiian/Pacific Islander      Two or More Races

*The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.*

## EMERGENCY CONTACTS

### Primary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Secondary Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

## LANGUAGES

Spoken: \_\_\_\_\_  
 Written or Read: \_\_\_\_\_

## EMPLOYEE SIGNATURE

Signed: \_\_\_\_\_ Date: \_\_\_\_\_