



HUMAN RESOURCES GENERAL INFORMATION FORM

Name _____ (Last) _____ (First)

Address: _____
Number Street City State Zip Code

Home Ph# _____ Cell Ph# _____ Date of Birth _____

Social Security # _____ Email _____

We require the following information in accordance with Federal requirements. Your confidential reply will in no way effect your employment.

DEMOGRAPHICS

White Black Hispanic Asian Native American/Native Alaskan Pacific/Islander Two or More

Marital Status: Single Married Divorced Widowed Domestic Partner

Sex: Female Male X

Optional Gender Identity (if different from Sex):

Woman Man Non-Binary Gender Non-Conforming

Transgender Woman Transgender Man Not Sure/Questioning

Gender Not Listed (write in) _____

EXEMPT VOLUNTEER FIREMAN STATUS

Do you possess a valid certificate as an Exempt Volunteer Fireman? Yes No

RESERVE OR NATIONAL GUARD STATUS

Are you in the National Guard? Yes No Yes No

Branch Active Status?

Are you in the U.S. Reserve? Yes No Yes No

Branch Active Status?

VETERAN STATUS

Are you a veteran of the U.S. Armed Forces? Yes No

Which branch: Air Force Army Coast Guard Marine Corps Navy Space Force

Were you honorably discharged? Yes No

(If you have a DD-214, you may be eligible for additional NYS retirement credit)

EMERGENCY CONTACT (Required)

Name _____ Relationship _____

Contact Number _____

Signature/Date _____