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Name as it appears on Social Security Card:

Prefix First Name Middle Name Last Name ^ μ ((] Æ

Current Home Address:

Street City State Zip

Personal Phone Number: _____

Biographical Information:

_____ Date of Birth Gender _____

Race/Ethnicity W

Hispanic or Latino or Spanish Origin • _____ E } _____

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- Race and Ethnicity Unknown
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Citizenship Status W

- US Citizen
- Resident Alien
- Non-Resident Alien

In Case of Emergency Contact:

_____ Name Telephone Relationship _____

_____ Name Telephone Relationship _____

I certify that all information in the form is true and accurate to the best of my knowledge. I understand it is my responsibility to make pertinent changes to my Personnel/Payroll records as may occur.

_____ Signature

_____ Date

Voluntary Self-Identification of Veteran Status

This employer

Voluntary Self -Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?
