

**NEW HIRE  
(For Employee Only)**

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name: Last, First, MI

**Please Check The Appropriate Designations:**

- White:** Persons having origins in any of the peoples of Europe, North Africa, or the Middle East.
  
- Black:** Persons having origins in any of the black racial groups.
  
- Hispanic:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  
- Asian /Pacific Islanders:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Continent.
  
- Native Americans/Alaskan Native:** Persons having origins in any of the original peoples of North America.
  
- Male:**     **Female:**     **Handicap:**    *"...medically diagnosable, abnormal condition...which can reasonably be expected to limit the person's functional ability..." (ORC, Sec. 4112.01 (M))*

**FOR OFFICE USE ONLY**

Division \_\_\_\_\_ Work Location \_\_\_\_\_

Starting Date \_\_\_\_\_ Appointment Type \_\_\_\_\_

Classification \_\_\_\_\_ PCN# \_\_\_\_\_

**Submit this form with the Personnel packets to The Office of Human Resources for ALL NEWLY hired employees regardless of appointment type.**