

COCHHBHA Enterprise, Inc. d/b/a CEI Staffing

EMPLOYEE DATA FORM PAGE 1 OF 2

PERSONAL INFORMATION

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	
_____ SOCIAL SECURITY #	_____/_____/_____ DATE OF BIRTH	_____ PLACE OF BIRTH	
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ PRIMARY EMAIL ADDRESS	_____ CELL PHONE	_____ HOME PHONE	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> EMAIL <input type="checkbox"/> CELL <input type="checkbox"/> HOME		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
_____ DRIVER'S LICENSE #	_____ STATE	_____/_____/_____ EXP. DATE	
_____ JOB SITE	_____ POSITION	_____/_____/_____ START DATE	

FOR E.E.O.C. COMPLIANCE, PLEASE SELECT YOUR RACE:

- WHITE/CAUCASIAN
 BLACK/AFRICAN AMERICAN
 HISPANIC/LATINO
 ASIAN
 AMERICAN INDIAN or NATIVE ALASKAN
 NATIVE HAWAIIAN or PACIFIC ISLANDER
 TWO OR MORE RACES

EDUCATION

_____ HIGH SCHOOL, STATE	_____ MAJOR	_____/_____/_____ DATE DEGREE AWARDED
_____ COLLEGE, STATE	_____ MAJOR, DEGREE	_____/_____/_____ DATE DEGREE AWARDED
_____ POST-GRADUATE, STATE	_____ MAJOR, DEGREE	_____/_____/_____ DATE DEGREE AWARDED

MILITARY

COCHHBHA Enterprise, Inc.

d/b/a CEI Staffing

BRANCH

RANK

_____/_____/_____
DISCHARGE DATE

EMPLOYEE DATA FORM PAGE 2 OF 2

EMERGENCY NOTIFICATION

EMERGENCY CONTACT NAME

RELATIONSHIP

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY EMAIL ADDRESS

CELL PHONE

HOME PHONE

COCHHBHA Enterprises, Inc., d/b/a CEI Staffing, prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

I hereby state that all information provided is accurate and may be verified by CEI Staffing

I agree that I may be discharged if CEI Staffing should verify any information provided in this employee data form to be false or inaccurate. I hereby release CEI Staffing, its affiliates, successors, and assignees, and all references from any liability that might be claimed because of information provided by me.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that CEI Staffing reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

SIGNATURE

_____/_____/_____
DATE

PRINTED NAME

CONSIDERATION OF EMPLOYMENT WILL NOT BE GIVEN TO ANY APPLICANT AND/OR EMPLOYEE WHO DOES NOT SIGN THE ABOVE STATEMENT.

Note: Additional personal information may be required to complete personnel files.