

EMPLOYEE EMERGENCY INFORMATION

1. Social Security # _____ - _____ - _____

2. Employee Name _____
Last First M.I.

3. Permanent Address _____
Number and Street _____
City State Zip Code

4. Temporary Address _____
Number and Street _____
City State Zip Code

5. Home Phone # _____ Alternative # _____
Email Address _____

6. Primary Emergency Contact

1. Name _____ Relationship _____
2. Work # _____ Home # _____

Secondary Emergency Contact

1. Name _____ Relationship _____
2. Work # _____ Home # _____

VOLUNTARY INFO FOR EEO PURPOSE (EQUAL EMPLOYMENT OPPORTUNITY SURVEY)

The following information is requested to aid MGA but it is not required that you answer these questions. You are not required to furnish this information, but are encouraged to do so. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age or disability. The government requires employers to collect this data in order to determine the impact of our employment procedures.

This form will be detached from your application and will not be basis for employment decisions. Your response is voluntary and the information obtained through this survey is absolutely confidential.

Sex: Male Female

Date of Birth: _____

Veteran Status: (Check only one)

- Not a Veteran
 Special Disabled Veteran
 Veteran of the Vietnam Era
 Newly Separated Veterans
 Other Protected Veterans

Race: (check only one)

- Caucasian / White
 Black or African American
 Hispanic or Latino
 Asian
 Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native
 Other: _____
 N/A
 Decline to disclose

National Origin: _____
(Please list where you were born)

Applicant's Signature: _____ Date: _____