



# PERSONAL DATA AND SELF-IDENTIFICATION FORM

Newton County Board of Commissioners

Newton County Board of Commissioners is an equal opportunity employer and is required by law to collect and report periodically certain data regarding our staff (including data on citizenship, gender, and race/ethnicity of all employees, as well as disability and veteran status of those who self-identify). Other information (e.g., birthdate, marital status, etc.) is needed for benefits administration or other human resources management purposes. All information is secure and confidential and reported in statistical form only.

For new hires and rehires, please complete the entire form. For current staff making a change, complete all of Section 1 and only the new information.

## SECTION I: NAME AND STATUS

Check one:  New Hire/Rehire Change  Hire Date or Effective Date of change: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

If name is changing, new name: \_\_\_\_\_  
Last First Middle

## SECTION II: CONTACT INFORMATION (legal address for income tax purposes; for new hires, address in effect once you begin working)

Home Address: \_\_\_\_\_  
Street City State Zip

Home/Personal Email address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## SECTION III: EMERGENCY CONTACT INFORMATION (if possible, please provide a contact who lives near your work location)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check here if contact's address is the same as yours

Contact's Address: \_\_\_\_\_  
Street City State Zip

Contact's Home Phone: \_\_\_\_\_ Contact's Cell Phone: \_\_\_\_\_

## SECTION IV: PERSONAL INFORMATION (Please refer to definitions on page 2 of this packet)

Sex: Male or Female	Marital Status: Single Married Other _____	Citizenship: U.S. Citizen Resident Alien (Alien Perm) Non-Resident Alien (Alien Temp)
Birth date: _____ MM/DD/YYYY <i>(required for benefits purposes)</i>	Effective date of marital status: _____ MM/DD/YYYY	Country of Citizenship: _____

## OPTIONAL: SELF-IDENTIFICATION – Completion of the following information is voluntary (Complete definitions are on page 2 of this packet)

**Ethnicity/Race** (Please answer both questions):

- Hispanic Ethnicity: Do you consider yourself to be Hispanic/Latino? Yes, Hispanic/Latino (including Spain) No
- Racial Identity: In addition, select one or more of the following racial categories to describe yourself:  
 American Indian or Alaskan Native *(Including peoples of the Americas)*  
 Asian *(Including Indian subcontinent, Pakistan, and Philippines)*  
 Black or African American *(Including Africa or Caribbean)*  
 Native Hawaiian or Other Pacific Islander *(Original Peoples)*  
 White *(including the Middle East and North Africa)*

**Military status:** (Choose all that apply):

Disabled Veteran	I am a protected Veteran but do not want to identify the classification in which I belong
Recently Separated Veteran	I am not a protected veteran
Active Duty Wartime or Campaign Badge	I am NOT a veteran
Armed Forces Service Medal Veteran	

Military discharge date: \_\_\_\_\_ (MM/DD/YYYY)

## SECTION V: COLLEGE EDUCATION (proof of degree may be required)

Highest Degree: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

THE INFORMATION SET FORTH ON THIS FORM IS ACCURATE AND COMPLETE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete this form and return it to the Human Resources Office either via email: [hr@co.newton.ga.us](mailto:hr@co.newton.ga.us) or hand deliver to 1113 Usher Street, Ste. 203, Covington, GA 30014. **For new hires**, please bring this completed form to your scheduled New Hire Orientation. Questions regarding this form? Please send an email to [hr@co.newton.ga.us](mailto:hr@co.newton.ga.us) or call Human Resources @ 678.625.1212.

## Personal Data and Self-Identification Form - Explanation and Definitions

**Social Security Number** – This is required by the Payroll Office and by the Office of the U.S. Social Security Administration.

**Name** – Your legal name to be printed on your payroll check

**Home Address and Phone** – Your legal address will be used for tax and benefit purposes and for some University mailings. Your contact information will also be used by the University's Emergency Notification System, when required.

**Date of Birth** – Required for benefits purposes.

**SELF-IDENTIFICATION DEFINITIONS.** Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment.

**Ethnicity and Race** – This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- Hispanic or Latino ethnicity - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (including Spain) regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION** - This information is requested for statistical reporting purposes to government agencies, including the U.S. Department of Labor. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment. Information regarding your disability may be disclosed to the extent that (1) your supervisor(s) may be informed of any work restrictions or reasonable accommodations needed, and (2) first aid personnel may be informed when and if you require emergency medical treatment.

### Protected Veteran Categories:

- A Disabled Veteran is one of the following:
  - a. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - b. A person who was discharged or released from active duty because of a service-connected disability.
- A Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground naval or air service.
- An Active Duty Wartime or Campaign Badge Veteran: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985

**Military Discharge Date:** The date on which a person was discharged or released from military service