

**EMPLOYEE DEMOGRAPHIC DATA FORM**  
Human Resources Department - Halifax County Schools

Social Security Number:

Title:

Name (First, Middle, Last, Maiden)

Mailing Address:

Physical Address

Phone Number

Alt. Number

Birthday

Sex:

U.S. Veteran

Ethnicity:

Are you of Hispanic or Latino Ethnicity - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race?

If you answered yes, please check one or more of the descriptions below corresponding to the racial groups which you identify. (By law we have to ask but you are not required to complete this section.)

Do you have any handicap conditions that would prevent you from working?

Job Title

HCS Location

Do you have any objections to having your telephone number published in the Halifax County Schools Personnel Directory?

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_