

Riverside Contracting, Inc.
Employee Information

The information requested below will become a part of your permanent records at Riverside Contracting.

Section I

Today's Date: _____

Name: _____
 Last First Middle or Maiden

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Social Security #: _____

Date Hired: _____ Date of Birth: _____

Section II

In case of emergency: _____

Marital status: Married Single Divorced

Spouse's name & phone: _____

Children's names & ages: _____

List 2 of your closest living relatives:
(Name, City, State, Phone number & Relationship)

1 _____

2 _____

Section III

Section III is voluntary and will be kept confidential, it is used in accurately reporting our work to the Federal Government. Please CIRCLE two of the following that best describe you:

MALE

FEMALE

WHITE

HISPANIC

AMERICAN INDIAN
OR ALASKAN NATIVE

ASIAN OR
PACIFIC ISLANDER

BLACK

If American Indian:
Tribe: _____ Enrollment #: _____

Are you a Disabled Veteran?: YES NO

Are you a Veteran of the Vietnam-Era?: YES NO
(8/5/64 - 5/7/75)

