Collin County Community College District (Collin College) NEW EMPLOYEE INFORMATION FORM

Last First	Middle
referred Name:	CWID:
Emergency Contact Information	
Emergency Contact Name	Contact's Phone
Relationship of Contact	
Demographic	Information
Date of Birth/ ☐ Male ☐ Female	
or of other Spanish culture regardless of race	Cuban, Mexican, Puerto Rican, South or Central American,
I am not Hispanic or Latino	
Check the category that is applicable to you: ☐ American Indian or Alaskan Native – A person having or America (including Central America), and who maintains a	
□ Asian - A person having origins in any of the original peop subcontinent including, for example, Cambodia, China, Inc Thailand, and Vietnam.	le of the Far East, Southeast Asia, or the Indian dia, Japan, Korea, Malaysia, Pakistan, the Philippine Islands
☐ Black or African American - A person having origins in a	ny of the black racial groups of Africa.
■ Native Hawaiian or Other Pacific Islander – A person ha Samoa, or other Pacific Islands.	aving origins in any of the original peoples of Hawaii, Guam,
☐ White: A person having origins in any of the original people	les of Europe, the Middle East or North Africa.
Employee Signature:	Date: