

NEW YORK DISTRICT KIWANIS FOUNDATION, INC.
EMPLOYEE BIOGRAPHY

Name: _____ Soc. Sec. No: _____

Permanent Address: _____ Birth Date: _____

Permanent City, State, Zip Code: _____ Gender: Male Female

Home Phone Number: _____ Marital Status: S M D

E-mail Address: _____ # of Dependents: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Permanent Address: _____ Phone Number: _____

Permanent City, State, Zip Code, County: _____

Employment Information:

Position: _____ State Date: _____

EEO Ethnic Code: (Circle correct one that applies to you)

White Black Hispanic Asian/Pacific Islander Native American Other

CONFIDENTIAL INFORMATION