

**THE COOPER HEALTH SYSTEM
PERSONAL DATA FORM**

Name _____ Home Phone _____
Street/Apt _____ City _____
State _____ Zip _____ County _____

CHANGE OF NAME, ADDRESS OR PHONE NUMBER ONLY

ID# _____ Home Phone _____
New Name _____ Previous Name _____
Street/Apt _____ City _____
State _____ Zip _____ County _____

EMERGENCY CONTACT INFORMATION

Name _____ Home Phone _____
Relation _____ Work Phone _____
Name _____ Home Phone _____
Relation _____ Work Phone _____

PRIOR COOPER WORK EXPERIENCE

Have you ever worked for Cooper? YES NO When? _____ to _____

If you were employed under your maiden name or another name, please provide that name below.

PERSONAL INFORMATION

GENDER Male Female **DATE OF BIRTH** **SOCIAL SECURITY NBR**

ETHNICITY *Check one below:*

- American Indian or Alaskan Native (not Hispanic or Latino)** - Original peoples of N. and S. America who maintains cultural identification through tribal affiliation or has community recognition as a Native.
- Black or African American (not Hispanic or Latino)** - Origins in any Black racial group in Africa.
- White (not Hispanic or Latino)** - Includes origins of Europe, North Africa or Middle East.
- Asian** - Origin of Far East, Southeast Asia or Indian subcontinent. Examples include: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phillipines, Thailand and Vietnam
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** - Origin of Hawaii, Guam, Samoa or Pacific Islands.
- Hispanic (white race only)** - Mexican, Puerto Rican, Cuban, Central/S. American or other Spanish culture and of the White Race. Does not include Portuguese descent or Central or S. American of Spanish descent.
- Hispanic (all other races)** - Mexican, Puerto Rican, Cuban, Central/S. American or other Spanish culture and of any race other than White. Does not include Portuguese descent or Central or S. American of Spanish descent.

MILITARY *Check applicable status below:*

- Active Reserve Retired Disabled Person
- Inactive Reserve Vietnam Era Veteran Special Disabled Veteran
- Other Protected Veteran Disabled Vietnam Veteran

EDUCATION *Check the highest level of degree attained:*

Year Attained:

- High School Diploma / GED Bachelor's Degree Doctorate
- Associate's Degree Master's Degree Other _____

CITIZEN INFORMATION - If other than U.S. Citizen

Visa Type **Country** **Visa Expiration Date**

Employee Signature

Signature

Date