



fall_submission_verify_hr_demo

Table of Contents

Save

Employee: **Retrieve** **Directory** **Add Emp**

Demographic Information **Credentials** **Verification** **Insurance** **Service Record** **Responsibility**

Staff ID/SSN: 190-16-9752 Texas Unique Staff ID: Last Ch

Name

Legal: Maiden Name

Former: Title First Middle Last Generation

Addresses

	Number	Street/P.O. Box	Apt	City	State	Zip
Mailing:	<input type="text" value="2569"/>	<input type="text" value="N. Las Gallinas Rd"/>	<input type="text" value=""/>	<input type="text" value="Alamo City"/>	<input type="text" value="TX TEXAS"/>	<input type="text" value="464"/>
Alternate:	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Supplemental: Address Country Delivery Name

Sex: Citizenship Driver's License: DL State:

DOB: Marital Stat: Deceased DL Expir Date:

Ethnicity **Hispanic/Latino**

Race (check all that apply; must select at least one)

<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Native Hawaiian Pacific Islander
<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> White
<input type="checkbox"/> Black African American	



Back Cover