NEW MEXICO HIGHLANDS UNIVERSITY
Occupational Statistics

Print Name:_____ **Date of Birth:**_____

The information provided on this form is voluntary and is used for reporting purposes. This information is confidential and will not be made part of your personnel file.

ETHNICITY

Hispanic or Latino: ☐ Yes ☐ No

RACE

☐ White ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaska Native

GENDER
Male ____
Female ____

RESIDENCY
City _____
State_____
County_____

MARITAL STATUS

Married ☐

Single ☐

Divorced ☐

Widowed ☐

U.S. Citizen: ☐ Yes ☐ No

MILITARY STATUS

Active Reserve _____
In-Active Reserve _____

Vietnam Era Veteran ☐ Yes ☐ No

Disabled Veteran ☐ Yes ☐ No

_____ _____
Employee Signature **Date**

Revised 7/13/2009