

( P S O R \ H H \ V ( O S H A N E C M I D D E I N I T I A L , L A S T N A M E )

Other last names, if any, under which employee has worked

( P S O R \ H H \ V P D L O L Q J D G G U H V V

( P S O R \ H H \ V O H P E H U , ' 6 R F L D O , & H F X U L L W \ A \ X P E H U R U

( P S O R \ H H \ V ( M M M D / Y Y Y ) E L U W K

( P S O R \ H H \ V S U L P D U \ W H O H S K R Q H O X P E H U

( P S O R \ H H \ V S U H I H U U H G H P ( I f a v a i l a b l e ) C U H V V Z K L O H R Q 3 ) /

( P S O R \ H H \ V J H Q G H U

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( P S O R \ H H \ V H W K Q L F L W \ U D F H  
For purposes of health demographic only. (U.S. Centers for  
Disease Control and Prevention (CDC) code set, version 1.0.)

, V H P S O R \ H H R I L Q W S D O R U 6 / S D M Q L V K  
(One or more categories may be selected.)

Mexican

Mexican American

Chicano/a

Puerto Rican

Dominican

Cuban

Another Hispanic, Latino/a, or Spanish origin

Not of Hispanic, Latino/a, or Spanish origin

Unknown

: K D W L V H P S O R \ H H \ V U D F H "  
(One or more categories may be selected.)

American Indian or Alaska Native

Black or African American

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

White

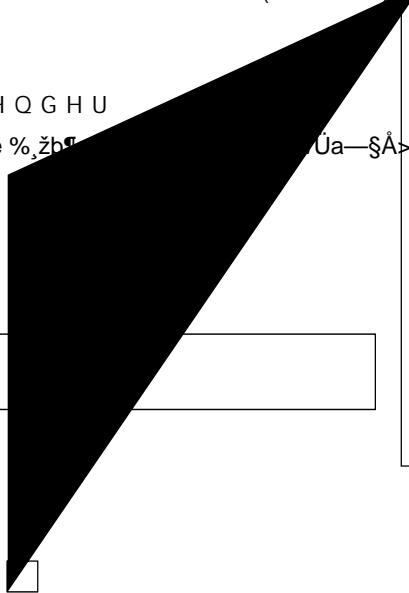
Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Other race





TO BE COMPLETED BY THE EMPLOYEE	Employee's social security # _____
( P S O R \ H H <input type="text"/> <input type="text"/> <input type="text"/> ) (first name, middle initial, last name)	( P S O R \ H H <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) (MM/DD/YYYY) L U W K
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3 \$ 5 7 % ( 0 3 / 2 < ( 5 , 1 ) 2 3 O E \$ 7 , F 2 R I P S O H W H G E \ W K H H P S O R \ H U

% X V L Q H V V   P I X O D D Q   H P J D L O O   D G G U H V V

( P S O R \ H U   ) ( , 1

( P S O R \ H U   6 W D O G D U G , Q G X V W U L D O & O D V V L I L F D W L R O 6 , & & R G H

( P S O R \ H U   F R O W T D X F H W V O I D P C H I B H O D W H G W R 3 ) /

( P S O R \ H U   F R Q W D F W W H O H S K R Q H Q X P E H U

( P S O R \ H U   F R Q W D F W H P D L O D G G U H V V

( P S O R \ H H   ( M M / D D / Y Y Y Y ) K L U H

( P S O R \ H H   R C e x a s d a v i l l a R e a r Z E O V J R Y V R F P D M R U B J U R X S V K W P

( Q W H P U W K H O D V W Z H H N V R I J U R V D O E Z   H O V   U W K ' H O   S O R \ H U R D O G R O H H E

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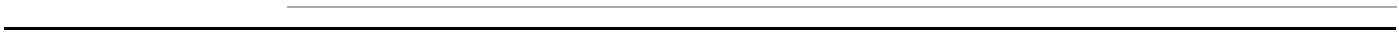
Weeks

Days

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<input type="checkbox"/>	<input type="checkbox"/>
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