

## **Employee Information Form**

Please Print Legibly	Please Print Legibly			
Name (Last, First, M.I.)				
Employee ID	oyee ID Township/Municipality/Borough of		of Residence	
		-		
Address (Street Number & Name)			Apt. No.	
,				
City or Town		State	Zip Code	
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UPMC is required to comply with federal government record keeping and reporting requirements. We ask				
that you supply the following information to help us maintain accurate records. This information will be				
kept confidential and will not be used against you in any way.				
Gender: ☐ Female ☐ Male				
Gender: Female				
Race/Ethnicity: UPMC uses the race/ethnicity categories that have been established by the federal				
government. Please check <u>one</u> box that applies to you.				
American Indian or Alaskan Native (not Hispanic or Latino)				
$\square$ Asian (not Hispanic or Latino)				
☐ Black or African American (not Hispanic or Latino)				
☐ Hispanic or Latino				
☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)				
☐ Two or More Races (not Hispanic or Latino)				
☐ White (not Hispanic or Latino)				
Marital Status: For the purposes of benefits enrollment, please check the box that applies to you.				
☐ Single ☐ Divorced ☐ Married ☐ Separated ☐ Widowed				
Employee Signature			Date	

UPMC is an equal opportunity employer. Policy prohibits discrimination in hiring or employment on the basis of race, color, religion, ancestry, national origin, age, sex, genetics, sexual orientation, gender identity, or marital, familial, or disability status or status as a covered Veteran or any other legally protected group status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This is a commitment made by UPMC in accordance with federal, state, and/or local laws and regulations.

Updated: September 1, 2014