

**CALIFORNIA INSTITUTE OF THE ARTS  
EMPLOYEE DATA FORM**

please print clearly:

_____ Last Name, First Name, Middle Initial		
_____ Social Security #	Sex: F or M	_____ Date of Birth (mm/dd/yy)
_____ Street Address	_____ Apt #	
_____ City, State and Zip Code		
_____ Home Phone	_____ E-Mail address	_____ Cell Phone/Pager
_____ Emergency Contact	_____ Contact's Home Phone	
_____ Relationship	_____ Contact's Work Phone	

**For Reporting Purposes, please complete the following:**

Ethnic: Circle one -

Alaskan Native/American Indian      Black      Asian/Pacific Islander

Hispanic/Spanish Surnamed      Caucasian

Highest Degree Earned: Circle one -

High School BA BFA BS Masters Degree Doctorate Degree

From: \_\_\_\_\_

Citizen Information: Other than US citizen

Visa Type: circle one - J1 J2 F1 F2 H1 H2 1M O Employment Authorization Card

Country: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of employee \_\_\_\_\_