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TxEIS Human Resources
DEMOGRAPHICS INFORMATION SHEET

(It is MANDATORY to answer all questions)

(Please Print)

Employee ID#: _____ SSN#: _____ - _____ - _____ Campus: _____

Legal Name as it appears on Social Security Card:

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____ City _____ Zip Code _____

Physical Address: _____ City _____ Zip Code _____

Sex: ___ Male ___ Female (PLEASE CIRCLE ONE) Citizenship: U.S. or Resident Alien

Driver's License Number: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ (8 digits) Driver's License State: _____

Driver's License Expiration Date: _____ / _____ / _____ (MM/DD/YYYY)

Date of Birth: _____ / _____ / _____ (MM/DD/YYYY)

(PLEASE CIRCLE ONE)

Ethnicity: Native American; Asian or Pacific Islander; Black; Hispanic; or White, not Hispanic

(PLEASE CIRCLE ONE)

Race: American Indian Alaskan Native; Asian; Black African American; Native Hawaiian Pacific Islander; or White

(PLEASE CIRCLE ONE)

Marital Status: Divorced; Married; Single; Widowed

Phone: (Home) _____ (Cell) _____

Home Email: _____

Emergency Contact: First and Last Name _____ Relationship: _____

Phone Number: _____ Emergency Notes: _____

REV 10/01/15