



Agency or Contracted Staff Vital Information

Biographical Information **Required Fields*

*Last Name (legal name required)		*First Name	*Middle Name or Initial
*Date of Birth:		*Gender: Select	
*Marital Status: <input type="checkbox"/> Dissolved Domestic Partnership <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single		<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	*Marital Status Effective Date (not applicable if Single) (mm/dd/yyyy)
*Primary Ethnic Group: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Choose not to disclose	Military Status: <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Choose not to disclose
Disability Status: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled			

Address & Contact Information

*Street Address:			
*City:	*State:	*Zip Code:	*County:
*Mailing Address: <input type="checkbox"/> Check if same as above			
*City:	*State:	*Zip Code:	*County:
*Cell Phone Number: - -	*Home/Other Phone Number: - -	Email Address:	
*Employment Status: <input type="checkbox"/> Agency Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contracted Employee			
Job Title (Leave Blank if Volunteer):		*Primary Contact Person or Supervisor at WVH-King:	
*Primary Work Location/Building:			