

CITY OF LINCOLN/LANCASTER COUNTY
POST EMPLOYMENT INFORMATION

CONFIDENTIAL

Name: _____
(Please Print) (Last) (First) (Middle)

*****HOME ADDRESS*****

No./Street: _____

City: _____ State: _____

Zip: _____ Phone: _____
(Home and/or cell)

*****PERSON TO CONTACT IN CASE OF EMERGENCY*****

Name: _____

Address: _____

Phone: _____ Relationship: _____

*****GENERAL INFORMATION*****

Last 4 Digits of Social Security Number: ___ XXX - XX - _____

Birth Date: _____ Sex: M ___ F ___

Marital Status (check one): ___ Married ___ Single

* Do you have a disability which substantially limits a major activity? (check one)

- 1. No
- 2. Yes - Blind/Visually Impaired
- 3. Yes - Deaf/Hearing Impaired
- 4. Yes - Amputee
- 5. Yes - Epilepsy
- 6. Yes - Paralysis
- 7. Yes - Cardiac
- 8. Yes - Other _____

If Yes, do you require accommodation? Yes ___ No ___

If Yes, describe accommodation: _____

* Of the following, of which racial/ethnic group do you consider yourself a member: (Check one)*

- 11. White
- 12. Hispanic or Latino
- 13. Black or African American
- 14. American Indian or Alaska Native
- 15. Asian
- 16. Native Hawaiian Or Other Pacific Islander
- 17. Two or More Races

* Used for Equal Employment Opportunity Census data information - Ask your payroll clerk for definitions of these categories.

Employee's Signature: _____

Department: _____ Date: _____