

**DEMOGRAPHIC INFORMATION**  
**Full-Time/Part-Time EPA Employees**

Name of Employee: \_\_\_\_\_  
(as shown on Social Security Card) First Middle Last

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
(Information concerning marital status is voluntary)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Ethnic Origin:     \_\_\_ African American                     \_\_\_ White  
                   \_\_\_ Hispanic                                 \_\_\_ Asian/Pacific Islander  
                   \_\_\_ Native American

I understand I am required to provide my social security number so that this institution as my employer can satisfy its income-reporting and withholding obligations under North Carolina and federal laws.

Unless I have stricken through this sentence and put my initials beside this sentence, I voluntarily permit this institution also to use my social security number as a personal identifier for the other internal record-keeping and data processing operations of this institution. As part of my personnel file, the number will also be used or released as provided under Article 7, Chapter 126 of the N.C. General Statutes, entitled "The Privacy of State Employees Personnel Records."

Initials \_\_\_\_\_ Date \_\_\_\_\_

Effective January 1, 1996