

## EMPLOYEE DEMOGRAPHIC, EMERGENCY AND EDUCATION INFORMATION



CAL MARITIME

### DEMOGRAPHICS:

Name:		Date:	
Address:			
City:	State:	Zip Code:	
Home Phone: (    )	(Primary <input type="checkbox"/> Yes <input type="checkbox"/> No)	Cell Phone: (    )	(Primary <input type="checkbox"/> Yes <input type="checkbox"/> No)
SSN:    -    -	Birthdate (Example 04/04/1994):    /    /		
Email:			

### EMERGENCY CONTACT INFORMATION: (Person(s) to contact in an emergency. Check one primary contact)

Name ( <input type="checkbox"/> Check here if address is same as above):		Relationship: ( <input type="checkbox"/> Check if Primary Contact)	
Address:			
City:	State:	Zip Code:	
Home Phone: (    )	Cell Phone: (    )		
Name ( <input type="checkbox"/> Check here if address is same as above):		Relationship: ( <input type="checkbox"/> Check if Primary Contact)	
Address:			
City:	State:	Zip Code:	
Home Phone: (    )	Cell Phone: (    )		

### EDUCATION:

#### Check Highest Degree Earned

<input type="checkbox"/>	Some High School	<input type="checkbox"/>	Associate Degree	<input type="checkbox"/> AA	<input type="checkbox"/> AS
<input type="checkbox"/>	High School or G.E.D.	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/> BA	<input type="checkbox"/> BS
<input type="checkbox"/>	Some College	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/> MA	<input type="checkbox"/> MS <input type="checkbox"/> MBA
<input type="checkbox"/>	Trade/Certificate	<input type="checkbox"/>	Other Professional Degree: TYPE:		
<input type="checkbox"/>	Professional Certificate	<input type="checkbox"/>	Doctorate/Terminal Degree TYPE:		

#### Highest Degree Summary

<b>Month/Day/Year Earned:</b>	(Example 04/04/1994):    /    /
<b>Degree Major:</b>	
<b>Institution Name:</b>	
<b>City/State:</b>	