

HOUSE STAFF PROFILE SHEET

Name _____ SSN: _____ DOB: _____
(first) (m.i.) (last/surname) (month / day / year)

Program _____ Male Female Marital Status: M M S

Citizenship: USA _____ Other (Country) _____

Race (for government reporting only):

___ Caucasian ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ Amer Indian/Alaskan Native

Contact Information

Local Address (leave blank until you have a CONNECTICUT address)

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mobile Phone: _____ Email Address: _____

Perm Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____

Spouse's Name _____

Spouse's Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact (Other than spouse)

Name _____ Relationship: _____

Address (if different): _____

City: _____ State: _____ Zip: _____ Phone: _____