

**City of Detroit
Human Resources Department
Employee Demographics Form**

Section 1 – completed by the Employee : PLEASE PRINT OR TYPE		
Employee Name: _____		
SS#: xxx-xx-_____	Oracle ID#: _____	Birth date: _____
Current Department: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/ Hawaiian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Primary Home address: _____		
City: _____	State: _____	Zip Code: _____
Telephone #: _____	Number type: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Work	
Telephone #2: _____	Number type: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Work	
Secondary (mailing) address: _____		
City: _____	State: _____	Zip Code: _____
Emergency Contact Name: _____		
Home address: _____		
City: _____	State: _____	Zip Code: _____
Telephone #: _____	Number type: <input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Work	
Employee Signature: _____		Date submitted: _____
Section 2 – completed by Human Resources staff		
HRA name (receiver): _____		Date Forwarded: _____
HR Records completed by: _____		Date completed: _____
HR Payroll completed by: _____		Date completed: _____

Forms will be available in the HR and Payroll offices.

Distribution: Original is completed by the employee and submitted to the HRA. Copies are routed (scanned and sent via e-mail) to HR Records staff for HRTS and Sigma entries, and to the Payroll Supervisor of the department listed, for PPS, Oracle HRMS and Workbrain entries. Original is submitted to the Records room for filing in the central personnel file.