Coleman PowerSports

Personal, Family and Emergency Information Questionnaire

1. Employee's Full Name: _____
2. Address (Line 1 Street) _____
3. Address (Line 2 Apt #) _____
4. City / State & ZIP Code _____
5. Home Phone ( ) _____
6. Social Security Number _____-_____-_____
7. Home email address _____
8. Marital Status _____

   S = Single
   D = Divorced
   L = Legally Separated
   M = Married
   W = Widowed

9. Gender _____ Male _____ Female
10. Race _____

    1 = White
    2 = Black
    3 = Hispanic
    4 = Asian or Pacific Islander
    5 = American Indian or Alaskan Native

11. Nickname _____
12. Date of Birth _____/_____/_____

EMERGENCY CONTACT INFORMSTION

13. Name _____
14. Phone Number ( ) _____-_____
15. Relationship _____

Spouse Name _____ Date of Birth: _____/_____/_____