



Employee Information Form B: Demographic Information

Office Use Only

Community:

Type: C T V

Census Tract:

In order to meet the needs of many business owners and entrepreneurs, we must carefully review and evaluate the effectiveness of our programs to our supporters, stakeholders, and funding sources. Information is for secure recordkeeping and required federal reporting purposes only. Thank you for your assistance.

Business owners: Please complete Form A, and have each employee (including yourself) complete Form B.

Today's Date: _____

Business Name: _____

First Name: _____ MI: _____ Last Name: _____

Home Address: _____
(No PO Boxes)

City: _____

County: _____ State: _____ Zip: _____

1. What is your race? (please check all that apply):

- American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White/Caucasian

2. What is your ethnicity? (please check one):

- Hispanic/Latino Non-Hispanic/Latino

3. What is your sex? (please check one):

- Male Female

4. What is your current veteran or military status? (please check one):

- Active Duty National Guard/Reserve Disabled Veteran
 Veteran Not Applicable

5. Do you consider yourself a person with a disability? (please check one):

- Yes No

6. Are you a head of household*? (please check one):

**Unmarried and provide at least 50% of household income for yourself and dependents or other qualified individuals.*

- Yes No

7. Including yourself, how many people live in your household? (please fill in):

_____ Adults _____ Children

Turn over to complete form



Questions 8 and 9 ask about your annual household income. Because we are a government funded organization, we are required to verify the income of the clients and businesses we serve. This information is used for secure recordkeeping and reporting purposes only.

8. Please estimate your household's annual, before-tax income, prior to taking this job:

\$ _____ /year, or: Prior to this job, my household had no income

9. Please estimate your household's current annual, before-tax income, including your income from this job:

\$ _____ /year

10. Does your household currently receive any of the following assistance? (please check all that apply):

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> W2/TANF | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> WIC | <input type="checkbox"/> Rent Assistance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid | <input type="checkbox"/> SSI | <input type="checkbox"/> SSDI |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other | <input type="checkbox"/> None/Not Applicable | |

11. Are you homeless? (please check one):

- Yes No

12. Were you unemployed before taking this job? (please check one):

- Yes No

13. Is a member of your household currently unemployed*? (please check one):

**Not including children or retired individuals*

- Yes No

14. How did you find this job opening? Please be as detailed as possible: (please fill in):

I certify that all my statements on this form are correct to the best of my knowledge and that I will cooperate in providing follow-up information needed to evaluate the effectiveness of the program if asked by an authorized representative of WWBIC.

Signature: _____ **Date:** _____