



EMPLOYER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CONTACT \_\_\_\_\_ TEL# \_\_\_\_\_ FAX# \_\_\_\_\_  
 TYPE OF BUSINESS \_\_\_\_\_

# CENSUS FORM

EMPLOYEE NAME	SEX	DATE OF BIRTH	JOB DESCRIPTION	SALARY	DEPENDENT CODE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

DEPENDENT CODE: S=SINGLE, SP=SPOUSE, CH=CHILD(REN), F=FAMILY