



Boys & Girls Homes of NC  
400 Flemington Drive  
P.O. Box 127  
Lake Waccamaw, NC 28450

Data Sheet

Please complete the following information on your first day.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Race (Check One):  African-American  Caucasian/White  Hispanic  Other

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Married:  Yes  No  Divorced Spouse's Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Age: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Age: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Age: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Location: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

I certify that all of the above information is correct and true to the best of my abilities.

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature