



OFFICE USE ONLY

Employee ID: _____

Employee Status: _____

EMPLOYEE INFORMATION

Personal Information

First Name (Legal): _____

Last Name (Legal): _____

Middle Initial: _____

Social Security Number: _____

Date of Birth: _____

Gender:

Male

Female

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Marital Status: _____ Email Address: _____

Are you Hispanic or Latino? Yes No Ethnicity: _____

Emergency Contact Information

First Name: _____

Last Name: _____

Middle Initial: _____

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Job Information

Start Date: _____ Title: _____

Supervisor: _____ Location: _____

Information that you provide on this form will become part of your personnel file. This information is needed to provide orderly filing and processing of all records; to provide for efficient communication with employees; and to provide summary data for state and federal reports. Failure to provide this information can result in inaccurate information in your personnel file or lack of communication in the event of an emergency involving yourself.

Signature: _____ Date: _____

