

EMPLOYEE INFORMATION SHEET

NAME: _____
Last Name First Name Middle Initial

SSN _____ DOB _____

STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____

PRIMARY EMERGENCY CONTACT _____ ; RELATIONSHIP TO YOU _____
(Name)

PRIMARY ADDRESS _____ SAME? YES _____ NO _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE (_____) _____ ; TYPE PHONE _____ (i.e., cell, beeper, work)

ALTERNATE PHONES (_____) _____ ; TYPE PHONE _____ (i.e., cell, beeper, work)

(_____) _____ ; TYPE PHONE _____ (i.e., cell, beeper, work)

2nd EMERGENCY CONTACT _____ ; RELATIONSHIP TO YOU _____
(Name)

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

2nd PHONE NUMBERS (_____) _____ ; TYPE PHONE _____ (i.e., cell, beeper, work)

(_____) _____ ; TYPE PHONE _____ (i.e., cell, beeper, work)

GENDER _____ MALE
(check one) _____ FEMALE

Please check one in each group:

Ethnic Group

_____ American Indian
_____ Asian
_____ African-American
_____ Hispanic
_____ Multiracial
_____ White

Marital Status
(Optional)

_____ Divorced
_____ Married
_____ Separated
_____ Single
_____ Widowed

For Office Use Only Employee ID#: _____