



# Employee Info Form

Please complete the information below and return to the Human Resources Office as soon as possible. This information is only for your personnel file and mandatory Federal reporting (EEO & Emergency Response Compliance). It will be kept confidential.

Full Legal Name: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

Street (No post office box numbers) City State Zip

Mailing Address: \_\_\_\_\_

Street (if different than above) City State Zip

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

Third Phone Contact (may be work number) \_\_\_\_\_

Is your home phone number listed:  Yes  No

Personal E-mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alternate E-mail Address (may be work address): \_\_\_\_\_

Ethnic Category:  White/Not Hispanic or Latino  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Black or African American  
 Asian  Two or More Races/Not Hispanic or Latino  Latino

Marital Status: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Driver's License # and State Issued: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Home phone

Work phone

Any special instructions or concerns in the event of an emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you ever participated in PERS?  Yes  No

If yes, please check appropriate type:  Tier I  Tier II  OPSRP

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date