



# 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

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

Third Phone Contact (may use 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: ☐ Hispanic ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian  
☐ American Indian or Alaskan Native ☐ Two or More Races

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

Date Married: \_\_\_\_\_

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 the appropriate type: ☐ Tier I ☐ Tier II ☐ OPSRP

Employee Signature

Date