

# 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 (\_\_\_\_\_) \_\_\_\_\_

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**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)

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**2<sup>nd</sup> EMERGENCY CONTACT** \_\_\_\_\_ ; RELATIONSHIP TO YOU \_\_\_\_\_  
(Name)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2<sup>nd</sup> 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#: \_\_\_\_\_