



Prosecuting Attorneys' Council of Georgia

Employee Information Sheet

Employee Information

Name:			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
SSN:		Date of Birth:	
Email Address:			

Home Address

Street:			
City:		State:	
County:		Zip Code:	
Phone:	Home	Phone:	Cellular

Mailing Address

Street:			
City:		State:	
County:		Zip Code:	
Mail check to:	<input type="checkbox"/> Work Address	<input type="checkbox"/> Home Address	<input type="checkbox"/> Mailing address

Primary Emergency Contact

Name:		Relationship:	
Street:			
City:		State:	
County:		Zip Code:	
Phone:	Home	Phone:	Other

Secondary Emergency Contact

Name:		Relationship:	
Street:			
City:		State:	
County:		Zip Code:	
Phone:	Home	Phone:	Other

Statistical Information

Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female			
Marital Status:	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	
Ethnic Group:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multi-racial
Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch:		Years of Service:	
Education:						

Highest level completed or degree

For HR Use Only

Employee ID#:	_____
Position #:	_____
Entered By:	_____