



### Employee Personal Information

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Information on this form is used for company and government reporting. It is essential that all elements be accurate and truthful.  
For accurate payroll purposes, please use your full legal name as printed on your Social Security Card.

**Please Print**

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(First) (M.I.) (Last)

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Manager's Name: \_\_\_\_\_ Department \_\_\_\_\_

Hire Date: \_\_\_\_\_ Birth date \_\_\_\_\_

This information will be kept confidential and used in compliance with Federal reporting requirements.

Gender:  - Female  - Male Handicap Status:  - No Handicap  - Handicapped

Ethnic:  - White  - Black  - Hispanic  - Asian or Pacific Islander  - American Indian or Alaskan Native

Military Status:  - Active Reserve  - Inactive Reserve  - Does Not Apply

Veteran Status:  - Non-Veteran  - Vietnam Era (Non-Disabled)  
 - Vietnam Era (Disabled)  - Other (Non-Disabled)  - Other (Disabled)

Emergency Contact Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

Phones: \_\_\_\_\_  
Home Work Cell Pager

Emergency Contact Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

Phones: \_\_\_\_\_  
Home Work Cell Page

Education (Please indicate highest degree earned)

Degree (Circle One): High School Associates Bachelors Masters Other \_\_\_\_\_

I certify that this information accurate.

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

\_\_\_\_\_  
Date signed