



Employee Information Sheet

Section A

Name: _____ Preferred Name: _____
Last First Middle (will also be used for County email address)

Social Security Number: _____

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Single	<input type="checkbox"/> Married

Date of Birth: _____ / _____ / _____
(Month (2 digits) Date (2 digits) Year (4 digits))

<p>Are you Hispanic or Latino? If "No" → Yes: <input type="checkbox"/> No: <input type="checkbox"/> ↓ If "Yes", you have completed Section A.</p>	<p>Please select a race from the options below: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races</p>
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Section B

Physical Address: _____
Street City State Zip

Mailing Address (if different): _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

New Information

Name: _____ Name changes must include original supporting documents.
Last First Middle HR has verified new Social Security card: _____ (initials)

Section C

Primary Emergency Contact:

Name: _____ Home Phone: _____
Last First Middle

Work Phone: _____ Cell Phone: _____

Relationship

- | | | | |
|---------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Child | <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Partner/Roommate | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> In-Law | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother | <input type="checkbox"/> Other _____ |

Secondary Emergency Contact:

Name: _____ Home Phone: _____
Last First Middle

Work Phone: _____ Cell Phone: _____

Relationship

- | | | | |
|---------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Child | <input type="checkbox"/> Friend/Neighbor | <input type="checkbox"/> Partner/Roommate | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> In-Law | <input type="checkbox"/> Parent | <input type="checkbox"/> Sister/Brother | <input type="checkbox"/> Other _____ |

Address (if different than above): _____