



Personnel Work Sheet

Date: _____

Name: _____ Badge No.: _____

Permanent Address: _____
Street

City State Zip Code

Phone Number: _____ Alternate Number: _____

SSN: _____ DOB: _____

Race: ☐ White ☐ Asian ☐ Two or More Races
☐ African American ☐ American Indian or Alaska Native
☐ Hispanic ☐ Native Hawaiian/Other Pacific Islander

Glasses: ☐ Yes ☐ No Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Emergency Contact Information

Notify in Emergency: _____

Address: _____
Street

City State Zip Code

Phone Number: _____ Alternate Number: _____

Relationship to the person: _____

Signature of Employee: _____ Date: _____

Office Use Only (Do not write below)

Job Classification: _____ Oracle Position No. _____

Job Schedule No.: _____ Organization No.: _____ Location: _____

Enter Service/Hire Date: _____ ☐ Permanent or ☐ Temporary

Transfer from: _____ Date: _____

Rehire Date: _____ Previous Job Title: _____