Capgemini ♠

This form is required by HR to set up your employee record in the Oracle database. Please fill and return this form at your earliest convenience.

Please type do NOT print (please click fill and sign)

FIRST / GIVEN NAME	JANE					
LAST / FAMILY NAME	POE			**MIDDLE INITIAL(S)**		X
TITLE	☐ Dr.	☐ Mr.	☒ Mrs.	☐ Ms.	**GENDER**	☐ Male ☒ Female

MARITAL STATUS	☐ Single	☒ Married	☐ Divorced	☐ Widowed

DATE OF BIRTH (MM/DD/YYYY)	12/23/1949	
SOCIAL SECURITY NO.	312-45-2819	
HOME PHONE #	212-321-4592	**CELL PHONE #**

YOUR EMERGENCY CONTACT NAME:		
EMERGENCY CONTACT PHONE #		**RELATIONSHIP**
MAILING ADDRESS ☒ Rosemont office ☐ Charlotte office		**COUNTY** USA

Please note: Your paychecks will be mailed to this address. The U.S. Post Office will not deliver your mail unless your name is indicated on your mailbox or you indicated 'Care of' with the name of the person accepting mail at this address. If you do not have a current U.S. address, please check 'Rosemont office' as your mail address.

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