



## Employee Personal Information Sheet

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: \_\_\_\_\_  
(First) (M.I.) (Last)

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

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

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 or African American ☐ - Hispanic or Latino ☐ - Native Hawaiian or Other Pacific Islander ☐ - Asian ☐ - American Indian or Alaskan Native ☐ - Two or more races

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

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

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

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

Education (Please indicate highest degree earned)

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

School \_\_\_\_\_ Major \_\_\_\_\_

I certify that this information accurate.

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

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