

# Employee Information Card

Please fill out this employee information card. It will provide much needed data for our Human Resources Dept.

Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_  
Last Name First Name M.I.

Current Address Street City State Zip Phone

Previous Address Street City State Zip Phone

How long at current address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_

## In the Event of an Emergency Please Notify:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

## Personal Information:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Have you ever been employed here before?  Yes  No

If yes, please tell us when \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If anyone you know recommended you to us, please tell us who \_\_\_\_\_

Do you have any special certifications or clearances? (security clearance, bonded, etc.) \_\_\_\_\_

## Voluntary Personal Information:

Marital Status  Single  Married

Name of Spouse: \_\_\_\_\_ Number of dependants: \_\_\_\_\_

## Dependant Children

Name	Sex	Date of Birth