

# Employee Data Form

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Nickname: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Contact Work Phone: \_\_\_\_\_

Relatives Working for County: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relatives Working for County: \_\_\_\_\_ Relationship: \_\_\_\_\_

Relatives Working for County: \_\_\_\_\_ Relationship: \_\_\_\_\_