

# EMPLOYEE INFORMATION SHEET

## FAMILY DEPENDENTS

Relationship: Spouse/ / Child Living At Home/ / Other (Please Circle)

First name MI Last Name Street Address City State Zip

Social Security #: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male/Female Smoker: Yes/No

Relationship: Spouse/ / Child Living At Home/ / Other (Please Circle)

First name MI Last Name Street Address City State Zip

Social Security #: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male/Female Smoker: Yes/No

Relationship: Spouse/ / Child Living At Home/ / Other (Please Circle)

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Social Security #: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male/Female Smoker: Yes/No

Revised 8/9/01

## EMPLOYEE INFORMATION SHEET

Employee # \_\_\_\_\_

Name Change: \_\_\_\_\_  
Address Change: \_\_\_\_\_  
Other: \_\_\_\_\_

Mr. /Mrs./Ms/Miss \_\_\_\_\_

First name

Middle Name

Last name

Previous Last Name

Nickname

/ /  
Date of Birth

- -  
Social Security #

Street Number/Po Box

City

State

Zip

Home Phone Number

Business Number

Extension

Email Address

Please check or circle:

Marital Status:     Married     Single     Divorced     Widowed     Other

Ethnic Origin:     American Indian     Asian     Black     Hispanic     White

Gender: Male/Female    Disability: Yes/No    Smoker: Yes/No    Military: Disabled Vet/Vietnam Vet/Other Eligible

### EMERGENCY CONTACT INFORMATION

*Please list two emergency contacts*

#### First Contact

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

Relation: \_\_\_\_\_ Home Phone: (    )    Business Phone: (    )

#### Second Contact:

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

Relation: \_\_\_\_\_ Home Phone: (    )    Business Phone: (    )  
\_\_\_\_\_

**Revised 8/10/01**