

Employee Information Card

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

Name:					
	Last Name	First Name	M.I.	Social Sec. #:	
Current Address		Street	City	State	Zip
Previous Address		Street	City	State	Zip
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:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Have you ever been employed here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
Name of Spouse:		Number of dependants:	

Name	Sex	Date of Birth