



GENERAL INFORMATION

It is important that the following information be updated in the case of an emergency, for the mailing of W-2's if you leave employment, and for any applicable County mailings. Remember to update Human Resources with any changes that occur throughout the year.

Please Print Clearly

YOUR NAME: _____ D.O.B. ____/____/____ SSN ____-____-____

DEPARTMENT: _____

CURRENT **RESIDENCE** ADDRESS: _____

CURRENT **MAILING** ADDRESS (If different from above): _____

E-MAIL ADDRESS (*Required for electronic payroll*): _____

HOME PHONE: _____ CELL/ALTERNATE PHONE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

RELATIONSHIP TO YOU: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

WORK / ALT. PHONE: _____ EMPLOYER: _____

HOME ADDRESS (if different than yours): _____

ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

RELATIONSHIP TO YOU: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

WORK / ALT. PHONE: _____ EMPLOYER: _____

HOME ADDRESS: _____

Please See Reverse Side

ADDITIONAL ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

RELATIONSHIP TO YOU: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

WORK / ALT. PHONE: _____ EMPLOYER: _____

HOME ADDRESS: _____



The EEOC encourages us to report certain information on race and handicap, but recommends that employees self-identify.

▶ **DISABILITY** – if any (as defined by the ADA): _____

▶ **RACE or ETHNIC CLASS**

Please Check one:

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

Signed: _____

Dated: _____