

# 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. #:
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Current Address	Street	City	State	Zip	Phone
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Previous Address	Street	City	State	Zip	Phone
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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: \_\_\_\_\_

Name	Sex	Date of Birth