



## Employee Personal Data Sheet

The DOC is required to maintain current personal data information and a means of emergency contact for all employees.

We ask every employee to supply the following information, review it annually, and update as necessary. It is essential that we maintain current information in each employee record.

<b>EMPLOYEE INFORMATION</b> <i>(please print)</i>			
Check one: <input type="checkbox"/> New Employee		<input type="checkbox"/> Change/Update Information	
Full Legal Name: _____			
First	MI	Last	
Physical Address: _____			
Street			City/County of Physical Address
City	State	Zip Code	+4
Mailing Address: _____			
<i>(if different from above)</i>			
City	State	Zip Code	+4
City/County of Mailing Address: _____			
Home Phone Number: ( ) -		Alternate/Cell Phone Number: ( ) -	
Area Code		Area Code	
Home Email Address: _____			
Employee ID#: _____		Date of Birth: _____	
New Employees Enter SSN#			
Driver's License# _____		Issuing State: _____	Expiration Date: _____
Work Phone Number: ( ) -		Ext _____	
Area Code			
State Cell Phone Number: ( ) -		State Cell Phone Provider: _____	
Area Code			
State Pager Number: ( ) -		State Pager Service Provider: _____	
Area Code			
<b>EEO INFORMATION</b> <i>(please check all that apply)</i>			
Check one: <input type="checkbox"/> New Employee		<input type="checkbox"/> Change/Update Information	
Race: <input type="checkbox"/> White (A)		<input type="checkbox"/> Black (B)	<input type="checkbox"/> Hispanic (C)
		<input type="checkbox"/> Asian (D)	<input type="checkbox"/> Indian (E)
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
Citizenship: <input type="checkbox"/> US Citizen (C)		<input type="checkbox"/> Resident Alien (A)*	<input type="checkbox"/> Non Resident (N)*
*Indicate Country of Citizenship			
Highest Education: <input type="checkbox"/> Doctorate (1)			
		<input type="checkbox"/> Special Professional (2)	<input type="checkbox"/> Master's (3)
<input type="checkbox"/> Bachelor's (4)		<input type="checkbox"/> Associate's (5)	<input type="checkbox"/> Some College, Degree Program (6)
<input type="checkbox"/> Some College, No Degree (7)		<input type="checkbox"/> High School or Equivalent (8)	<input type="checkbox"/> Less Than High School (9)



**For Emergency Use Only**

List Contacts in priority order; unless "Always Notify" is checked, only the first available Contact will be notified.

**EMERGENCY CONTACT #1** (please print)

Check one:  New Contact  Change/Update Information

Name of Emergency Contact #1:

Always Notify  Provide Medical Information *First and Last Name*

Address for Emergency Contact #1:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code +4

Relationship to you:

Emergency Contact #1 Phone Number: ( ) -  
Area Code

Alternate Phone Number: ( ) -  
Area Code

**EMERGENCY CONTACT #2** (please print)

List Contacts in priority order; unless "Always Notify" is checked, only the first available Contact will be notified.

Check one:  New Contact  Change/Update Information

Name of Emergency Contact #2:

Always Notify  Provide Medical Information *First and Last Name*

Address for Emergency Contact #2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code +4

Relationship to you:

Emergency Contact #2 Phone Number: ( ) -  
Area Code

Alternate Phone Number: ( ) -  
Area Code

**EMERGENCY CONTACT #3** (please print)

List Contacts in priority order; unless "Always Notify" is checked, only the first available Contact will be notified.

Check one:  New Contact  Change/Update Information

Name of Emergency Contact #3:

Always Notify  Provide Medical Information *First and Last Name*

Address for Emergency Contact #3:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code +4

Relationship to you:

Emergency Contact #3 Phone Number: ( ) -  
Area Code

Alternate Phone Number: ( ) -  
Area Code

It is your responsibility to notify Human Resources of any changes to your name, address, phone number, or emergency contact information.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_