



Employee Data Sheet

EMPLOYMENT INFORMATION

Current as of:

NAME: _____ SSN: _____ / ____ / ____
LAST FIRST M.I. (NICKNAME)

ADDRESS: _____ DATE OF BIRTH: ____ - ____ - ____

CITY/STATE/ZIP: _____ GENDER: Male Female

HOME PHONE/S: (_____) White Asian Native Amer.

CONTACT EMAIL: _____ RACE: Afr/Amer Hispanic Other

DATE OF HIRE: _____ MARITAL STATUS: Single Married Widowed

DISABILITY (if none, write "none"): _____ VETERAN STATUS: (circle one)
 None Active Inactive Vietnam Era Disabled

JOB TITLE: _____ SUPERVISOR: _____ GC
 ANC

IMMIGRATION STATUS: U.S. Citizen: Yes No Eligible to work in the U.S. Yes No

EMERGENCY CONTACT DATA

CONTACT NAME:	CONTACT NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE/S:	PHONE/S:
RELATIONSHIP:	RELATIONSHIP:

GROUP INSURANCE INFORMATION

DEPENDENT NAMES: (spouse and children)			DATE OF BIRTH	GENDER	SOCIAL SECURITY #
Last	First	M.I.		(M/F)	

SPOUSE'S HEALTH INSURANCE INFORMATION

EMPLOYER NAME:	ADDRESS:
INSURANCE CARRIER:	POLICY NUMBER:

TRANSFER INFORMATION

Date	Location	Status Change	Title	Base Salary	COLA/Sub. Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$