

EMPLOYEE PERSONNEL RECORD

Date \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

BIRTHDAY \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
(m/d/y)

SEX \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

DEPENDENTS (include birthdates)

\_\_\_\_\_  
(spouse)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION  
High School \_\_\_\_\_ Graduation Date \_\_\_\_\_ GED \_\_\_\_\_  
(Name) (# years)

College \_\_\_\_\_ Years Attended \_\_\_\_\_

Major \_\_\_\_\_  
\_\_\_\_\_

HIRE DATE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY

\_\_\_\_\_  
(Name & Relationship) (Address) (Phone Home/Work)

PHYSICIAN

\_\_\_\_\_  
(Name) (Phone)