



**Employee Information Form (HR-11)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

SS# \_\_\_\_\_

Date of Hire \_\_\_\_\_

Address \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

\_\_\_\_\_

Marital Status \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Telephone (other) \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (work) \_\_\_\_\_

\_\_\_\_\_

Telephone (other) \_\_\_\_\_

Employer \_\_\_\_\_

Relationship \_\_\_\_\_

Do we have your permission to publish your name, address, and phone # in our employee directory?  Yes  No

*Please complete this form and return it to the Human Resources Office.*