

VILLAGE OF HOFFMAN ESTATES EMPLOYEE INFORMATION FORM

EMPLOYEE INFORMATION

Employee Last Name _____ Employee First Name _____ MI _____

Street Address (Including Apartment Number) _____

City _____ State _____ Zip Code _____

(_____) - _____ - _____ (_____) - _____ - _____
Home Phone Number (Including Area Code) Cell Phone Number (Including Area Code)

_____-_____-_____
Social Security # Driver's License Number

_____/_____/_____
Date of Birth Date of Hire Sex: _____ MALE _____ FEMALE

Personal Email: _____

Race: (Select One or More) WHITE BLACK /AFRICAN AMERICAN HISPANIC/LATINO ASIAN
NATIVE HAWAIIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKA NATIVE OTHER

Marital Status _____

Are you a veteran of U.S. Military Service? Yes _____ No _____ If so, what branch _____

Are you currently in the U.S. Military? Yes _____ No _____ If so, what branch _____

SECTION 2: DEPENDENT INFORMATION

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Soc. Security #</u>	<u>Relationship Code*</u>
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

* Relationship Codes: S = Spouse, C = Child, U = Student, P = Stepchild, O = Other

SECTION 3: CONTACT INFORMATION (Person to be notified in case of emergency)

Name (_____) - _____ - _____
Home Phone Number (Including Area Code)

Street Address (Including Apartment Number) (_____) - _____ - _____
Work Phone (Including Area Code)

City, State, Zip Code (_____) - _____ - _____
Cell Phone (Including Area Code)

Relationship

EMPLOYEE SIGNATURE

DATE