



REQUIRED INFORMATION:

Employee Legal Name: _____ Employee Number: _____
Date of Birth: _____ Soc. Sec. No.: _____-_____-_____
Position: _____ Department: _____
Employment Status (check one): [] Regular [] Extra-Help [] Other: _____
NEW HIRE: Have you ever been employed by County of Imperial? [] Yes [] No

A. FORM TYPE: Check all that apply.

[] New Hire [] Change of Name [] Change of Address [] Change of Marital Status [] Change of Emergency Contact [] Other

B. CHANGE OF NAME: Updated Social Security Card must be included to process name change update.

Previous Legal Name: _____ New Legal Name: _____

C. LEGAL MARITAL STATUS:

[] Single [] Married [] Divorced [] Widowed [] Legally Separated

Spouse's name: _____ Is your spouse a County employee? [] Yes [] No

D. ADDRESS: [] Mailing Address [] Physical Address [] Both

Street Address or P.O. Box City State Zip Code

E. TELEPHONE NUMBER:

Cell Phone: (____) _____-_____ Home Phone: (____) _____-_____ Work Phone: (____) _____-_____

F. EMAIL ADDRESS: [] Personal [] Employer Provided Email will be used to update Employee Online & Benefit Solver.

Email: _____

G. PLACE OF BIRTH:

Country: _____ State: _____

H. RACE AND ETHNIC DATA:

Ethnicity: Are you Hispanic/Latino? [] Yes [] No Race: (check one): [] American Indian/Alaskan Native [] White
[] Black/African American [] Asian [] Hawaiian/Pacific Islander

I. PHYSICAL DESCRIPTION:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

J. EMERGENCY CONTACT INFORMATION:

Primary: [] Spouse [] Parent [] Child
Name: _____ Relationship: [] Sibling [] Other Phone Number: (____) _____-_____

Secondary (Optional): [] Spouse [] Parent [] Child
Name: _____ Relationship: [] Sibling [] Other Phone Number: (____) _____-_____

K. APPROVAL (signature required):

Signature: _____ Date: _____

You must notify Human Resources & Risk Management of any changes to this information.*