



Employee Personal Data Form

First Name

Last Name

Date of Birth

SSN

Position Title

Department Title

New Hire: Have you previously been employed by County of Imperial?

Employment Status

Describe Reason for Change Request

Complete all applicable changes below:

Change of Name: Updated Social Security Card must be included to process the name change:

Previous Legal Name:

New Legal Name:

Change of Marital Status: Updated documentation must support the marital change request:

Legal Marital Status

Contact Information: Address, Telephone Number or Personal Email Change:

Address Change

City

State/Province

Zip/Postal Code

Home Phone

Email

Address Change Mailing/Physical/Both?

Cell Phone

Race and Ethnic Data:

Ethnicity

Race

Physical Description for Employee ID Badge:

Height

Weight

Hair Color

Eye Color

Emergency Contact Information:

Primary Emergency Contact Name

Relationship

Phone Number

* Notify emergency contact if arrested or detained

☐ Yes

☐ No

Secondary Emergency Contact Name

Phone Number

Relationship

* Notify emergency contact if arrested or detained

☐ Yes

☐ No

Employee Approval (Signature Required):

Signature

Date

Notify Human Resources & Risk Management of any changes to this information and complete a new form.