



## 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

Relationship

Phone Number

\* 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.**