



LIVINGSTON COUNTY

Employee Information Sheet



IMPORTANT: Please print clearly

DATE OF BIRTH: ____/____/____		SOCIAL SECURITY NUMBER: ____ - ____ - ____	
NAME: _____			
Last	First	Middle	
ADDRESS: _____			
Number	Street	Apt No.	
TELEPHONE: _____			
City	County	State	Zip Code
(____) _____	(____) _____		
Area Code	Cell Number	Area Code	Home Phone
PERSONAL EMAIL: _____		Driver's License Number: _____	

DEMOGRAPHIC INFORMATION

The following information is requested in accordance with Federal statistical reporting requirements and is required for reporting ONLY.

SEX Male Female Are you a Veteran of the Armed Forces? Yes No

RACE/ETHNICITY White Black or African American Asian Hispanic/Latino
 Native Hawaiian/Pacific Islander Two or more races American Indian/Alaskan Native

IN CASE OF EMERGENCY, CONTACT:

_____ Name	(____) _____ Area Code Phone Number
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Have you worked for the County of Livingston in any capacity at any time in the past? Yes No
 If yes, what Department (s): _____ Approximate Date(s) _____

NOTICE: ANY PERSONNEL STATUS CHANGES (i.e., Marriage, Divorce, Birth of Child, etc.) must be notified to Human Resources within 30 days of occurrence.

Date

X _____
Employee Signature