

WHITMAN COUNTY EMPLOYEE DATA SHEET

For HR use only:
Start date: _____ Department: _____ Employee number: _____
Position: _____ Supervisor: _____

Employee Information:

Name:

SSN: _____ Date of Birth: _____

Gender: Male Female

Race: White Black/African American Asian American Indian/Alaskan
 Native Hawaiian/other Pacific Islander Black/African American
 Hispanic/Latino Two or more races Other:

Mailing Address:

City, State: _____ Zip: _____

Physical Address:

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email address:

Marital Status: Single Married, date married: _____ Divorced

Medical information (allergies, high blood pressure, etc.):

Please list any physical restraints we should be aware of:

Emergency Contact and Medical Information:

Emergency Contact 1 Name:

Relationship:

Daytime Phone:

Address: City/ST/Zip:

Emergency 2 Contact Name:

Relationship:

Daytime Phone:

Address: City/ST/Zip:

Emergency 3 Contact Name:

Relationship:

Daytime Phone:

Address: City/ST/Zip: