



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

Relationship

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