Human Resources Department

Employee Contact Information Form

⁯ NEW EMPLOYEE INFORMATION CLASSIFIED

CHANGE Effective Date: \_\_\_\_\_\_\_\_\_ CERTIFICATED

SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_ SUBSTITUTE

**PERSONAL CONTACT INFORMATION**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Legal Name:** |  | | | | |
| \*\*If you are changing your name, you must provide your new social security card and your drivers license. Name changes cannot be made until a new social security card and drivers license is received.\*\* | | | | | |
| **\*Former Name:** |  | | | | |
| **Street Address:** |  | | | | |
| **City & Zip Code:** |  | | | | |
| **Mailing Address *(if different)*:** | | | |  | |
| **Home Phone Number:** | |  | | | |
| **Mobile Phone Number:** | |  | | | |
| **Are you able to receive text messaging on your mobile phone?** | | | | | **YES**  **NO** |
| **(Personal) E-mail Address:** | | |  | | |

**EMERGENCY CONTACT INFORMATION**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name #1:** |  | | **Relationship:** | |  |
| **Phone Number:** | |  | | | |
| **Name #2:** |  | | | **Relationship:** |  |
| **Phone Number:** | |  | | | |

**\*\*PLEASE PRINT THIS FORM AND RETURN TO THE HUMAN RESOURCES DEPARTMENT\*\***

***FOR HR USE ONLY:***

**\_\_\_\_\_\_\_PS \_\_\_\_\_\_\_TECH \_\_\_\_\_\_\_ID \_\_\_\_\_\_\_\_IC \_\_\_\_\_\_\_\_PAY \_\_\_\_\_\_\_\_BENE \_\_\_\_\_\_\_\_AESOP**