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**