



Employee Information Form

(Please print legibly and provide all information requested)

Employee Name:

Last

First

MI

Social Security

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Date of Birth:

/ /

Number:

Your social security # is required for tax withholding and federal reporting requirements.

Highest Level of Education Completed:

High School

GED

College:

Freshman

Sophomore

Junior

Senior

Graduate

Post Graduate

Highest Degree Earned:

Year Earned:

Marital Status:

Married

Single

Permanent Street Address

Mailing address if different

City

State

Zip

Personal Email Address: _____

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Home Phone

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Alternate Phone

Emergency Contact Information

Person(s) to contact in case of emergency

1. Name	Relationship	Phone Number	Alternate Phone Number
2. Name	Relationship	Phone Number	Alternate Phone Number

Have you worked for Harnett County before?

Yes

No

If yes, what year(s)? _____

Former name if different: _____

Employee Signature

Date