



Employee Information Form

(Please print legibly and provide all information requested)

Employee Name: _____
Last First MI

Social Security Number: _____ **Date of Birth:** ____/____/____
Your social security # is required for tax withholding and federal reporting requirements.

Highest Level of Education Completed: High School <input type="checkbox"/> GED <input type="checkbox"/>	
College: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate	
Highest Degree Earned: _____	Year Earned: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	

Permanent Street Address _____ **Mailing address if different** _____

City _____ **State** _____ **Zip** _____

Personal Email Address: _____

(____) _____ - _____
Home Phone

(____) _____ - _____
Alternate Phone

Emergency Contact Information			
<i>Person(s) to contact in case of emergency</i>			
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