



County of Albemarle  
Human Resources Department



# Employee Personal Data Form

## Employee Information *(Copy of SS card must be presented if form includes a name change)*

Full Legal Name *(please list your full Last, First, and Middle names – no initials)*

Last Name: First Name: Middle Name:

Preferred First Name: Social Security # *(new employees only):*  
Employee ID# *(current employees only):*

Street Address:

City: State: Zip:

City/County/Town of Residence:

Mailing Address *(if different from above):*

Home Phone: Work Phone: Cell Phone:

Home Email: Work Email:

Name of School or Department: Check Location:

Name of Supervisor:

Birth Date: Gender:  Male  Female

Race:  
 American Indian or Alaskan Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  Two or More Races  White

Marital Status:  Married  Single

Is your spouse employed by Albemarle County?  Yes  No

If Yes, Spouse's Full Name: Spouse's SSN:

## Emergency Contact Information

Last Name: First Name: Full Middle Name:

Relationship to Employee:  Spouse  Parent  Child  Friend  Other

Home Phone: Work Phone: Cell Phone:

Street Address:

City: State: Zip:

## Employee Signature *(Form must be signed and dated)*

Signature: Date:

