



# CITY OF SAN RAFAEL

## HUMAN RESOURCES

### EMPLOYEE INFORMATION SHEET

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**Social Security #**

**Birthdate:**

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**Name:** *(MUST match W-4 form)*

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**Street Address:**

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**City:**

**State:**

**Zip Code:**

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**Cell Phone Number:**

**Home Phone Number:**

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**Home E-mail Address:**

**Drivers License and Exp Date:**

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**Marital Status:**

Married:

Single:

Domestic Partner:

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**Ethnicity:**

Asian

Black or  
African American

Hispanic

American Indian  
Or Alaska Native

White

Native Hawaiian  
or Other Pacific Islander

Two or more Races

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**Gender:**

Male

Female

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**Handicapped:**

Yes

No

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### In Case of Emergency Notify:

**Name:**

**Relationship:**

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**Street Address:**

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**City:**

**State:**

**Zip Code:**

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**Cell Phone Number:**

**Home Phone Number:**

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**Out of Area Contact Person Name:**

**Relationship:**

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**Cell Phone Number:**

**Home Phone Number:**

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If you previously worked for the City of San Rafael, please list dates: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_