



EMPLOYEE INFORMATION SHEET

(PLEASE PRINT CLEARLY)

Social Security #

Birthdate:

Name: (MUST match W-4 form)

Street Address:

City:

State:

Zip Code:

Cell Phone Number:

Home Phone Number:

Home E-mail Address:

Drivers License and Exp Date:

Marital Status:

Married:

Single:

Domestic Partner:

Ethnicity:

Asian

Black or
African American

Hispanic

American Indian
Or Alaska Native

White

Native Hawaiian
or Other Pacific Islander

Two or more Races

Gender:

Male

Female

Handicapped:

Yes

No

In Case of Emergency Notify:

Name:

Relationship:

Street Address:

City:

State:

Zip Code:

Cell Phone Number:

Home Phone Number:

Out of Area Contact Person Name:

Relationship:

Cell Phone Number:

Home Phone Number:

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

Employee Signature: _____ Date: _____