



# EMPLOYEE INFORMATION SHEET

(PLEASE PRINT CLEARLY)

Social Security Number: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code & Telephone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License # and Exp Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**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:
Address:	
Home Phone:	Cell Phone:
Out of Area Contact Person / Relationship:	
Home Phone:	
Cell Phone:	

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

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