



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: _____

Driver's License # and Exp Date: _____

Home 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: _____