PRINT FORM

Employee Number _____

Starting Date _____

City of Berkley

Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse, Children and/or Dependent Information

Name (First/Last)	Relationship	Birth date	Social Security Number

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: ( ) _____ Alternate Phone: ( ) _____

Relationship: _____

Signature of Employee_____Date_____

Please notify the Finance Department of any changes in the above information during the year, as it may affect your insurance (medical, life, or dental insurance) or your pension.