

City of De Pere
Confidential Personal Data Sheet

Employee Name	Last Name	First Name	Middle Initial
Address	Street	Apt. #	Telephone
City	State	Zip Code	
Date of Birth	Social Security Number		
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
If Married, Name of Spouse _____			
Spouse's Occupation _____			
Spouse's Employer _____			
Telephone Number _____			
Hours Available at this Number _____			
Emergency Contact Numbers (Other than spouse)			
<hr/>			
Name	Relationship	Telephone	
<hr/>			
Name	Relationship	Telephone	
<hr/>			

(Employee Signature)

(Date)

Please return your completed form to the Human Resources Department.