

City of Fairfield

PERSONAL DATA SHEET

PLEASE PRINT

Employee Name: _____ Department: _____

Social Security No.: _____ Work Phone No. _____

Mailing Address: _____ City/ZIP: _____

Street Address (if different): _____ City/ZIP: _____

Home Telephone: _____ E-Mail Address: _____

Date of Birth: _____ Place of Birth: _____

Name of Spouse: _____ Number of Living Children: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Street Address: _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____

For purposes of EEO-4, please complete the following by entering a "✓" in the appropriate space:

Gender: _____ Male _____ Female

Ethnic Identification: ("✓" only one space. PLEASE NOTE: Our payroll system only allows for one selection.)

- | | |
|---|---------|
| _____ White | (B / G) |
| _____ Black | (C / H) |
| _____ Hispanic | (D / I) |
| _____ Asian or Pacific Islander | (E / J) |
| _____ American Indian or Alaskan Native | (F / K) |

EDUCATION: Please circle the highest grade completed:

6 7 8 9 10 11 12 13 14 15 16 17 or GED

If you have a degree please circle the appropriate one and list major/minor:

AA/AS BA/BS MA/MS PhD _____ / _____

MILITARY: Are you in the Military Reserves: _____ Yes _____ No

PERS: Prior member _____ Yes _____ No If yes, name of agency: _____

Employee Signature

Date