



PHRST Employee Information Form

EMPL ID _____ County _____ Floor _____

Employee Name _____ Date of Hire _____

Home Address _____ Telephone _____

City/State/Zip _____ Cell _____

Gender _____ Date of Birth _____ E-mail Address _____

Marital Status _____ Social Security Number _____

Are special accommodations needed during an emergency evacuation? Yes No

If yes, please state the special need or request: _____

EMERGENCY CONTACTS

Primary Contact Name _____ Relationship _____

Home Address _____ Telephone _____

City/State/Zip _____ Cell _____

Secondary Contact Name _____ Relationship _____

Home Address _____ Telephone _____

City/State/Zip _____ Cell _____

Ethnic Group – Please select from the following descriptions to most closely identify your ethnic group:

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| American Indian/Alaskan Native | <input type="checkbox"/> | Hispanic or Latino | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> | Two or More Races | <input type="checkbox"/> |
| White | <input type="checkbox"/> | Not Specified | <input type="checkbox"/> |

Military Status – Please select from the following descriptions to most closely identify your military status:

- | | | | |
|--------------------------------|--------------------------|-------------------------------|--------------------------|
| Active Reserve | <input type="checkbox"/> | Post-Vietnam-Era Veteran | <input type="checkbox"/> |
| Armed Forces Service Medal Vet | <input type="checkbox"/> | Pre-Vietnam-Era Veteran | <input type="checkbox"/> |
| Inactive Reserve | <input type="checkbox"/> | Retired Military | <input type="checkbox"/> |
| No Military Service | <input type="checkbox"/> | Service Medal & Other Vet | <input type="checkbox"/> |
| Not a Veteran | <input type="checkbox"/> | Veteran (VA Ineligible) | <input type="checkbox"/> |
| Not a Vietnam-Era Veteran | <input type="checkbox"/> | Veteran of the Vietnam Era | <input type="checkbox"/> |
| Vietnam-Era Veteran | <input type="checkbox"/> | Vietnam & Other Protected Vet | <input type="checkbox"/> |
| Other Protected Veteran | <input type="checkbox"/> | Not Indicated | <input type="checkbox"/> |



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Do not write below this line

Action_____	Reason_____
Job Classification_____	BP # _____
Appointment Status_____	Class Probation Dates_____
Union_____ Yes or No_____	Union Seniority Date_____
Employee Type_____	Tax Location Code___ DE or WILM_____
# Pays___ 26_____ Days Worked___ 260_____	Months Worked ___ 12 months_____
Pay Components___ MERMIN OR LIMITM_____	Comp Rate_____
Method of Hire___ Cert List or All Others_____	Initial Probation Status_____
Initial Probation Dates_____	BEN Program Elig___ AG1_____
Pension Plan___ PENA PENB PENEPENEE_____	