

EMPLOYEE INFORMATION

STATUS New: _____ Rehire: _____

Change only: (check all that apply) Address _____ Phone# _____ Marital Status _____
Emergency Contact _____ CDL/Union Info _____ Dependent Info _____

PERSONAL DATA

Name: _____ SS#: _____ - _____ - _____

Address: _____
Street City State Zip

Phone #: (____) _____ County: _____ Email: _____

Date of Birth: _____ Marital Status: _____ Sex: ☐ M / ☐ F Race: _____

DEPENDENT INFORMATION

Spouse's Name: _____

Spouse's SS#: _____ - _____ - _____ Spouse's Date of Birth: _____

Dependent Children: (including step children, foster children, etc.)

Relationship: _____ Date of Birth: _____ Name: _____

Relationship: _____ Date of Birth: _____ Name: _____

Relationship: _____ Date of Birth: _____ Name: _____

Relationship: _____ Date of Birth: _____ Name: _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Phone #: (____) _____ Cell (____) _____ Home (____) _____ Work

OTHER INFORMATION

Do you reside within the City of Cincinnati? ____ Yes ____ No

Do you have a valid driver's license? ____ Yes ____ No

Active union member? ____ Yes ____ No Union & Local _____

CDL: State of Issue _____ Class _____ Number _____ Exp. Date _____

Signature _____ Date _____

Company/Location _____ (HR Entered _____)