



Employee Personal Data Sheet

New Hire Information Change State of Georgia Rehire

SSN: _____ - _____ - _____

US Citizen? Y N

Date of Birth: _____ / _____ / _____

Place of Birth: _____

Name: _____
Last First Middle

Home Address: _____
(No P.O. Boxes) Street Address Apt. #
City State Zip Code County

Mailing Address: _____
(if different) Street Address or P.O. Box Apt. #
City State Zip Code County

Phone Numbers & E-mail:

Home: _____ Cellular: _____ Pager: _____

Other: _____ E-mail: _____

Emergency Contacts:

Name: _____ Relationship: _____

Daytime Phone: _____ Other Phone: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Other Phone: _____

Gender: Male Female

Ethnicity: American Indian/Alaskan Native Asian Black Hawaiian/Other Pacific Islander
 Hispanic Multi-racial White (Not of Hispanic descent) Other _____

Marital Status: Single Married Partnered Head of Household Divorced Widowed

Are you a retired state of Georgia employee? Yes No

If yes, please indicate from which system: TRS ERS

Education: HS Diploma Some College Associates Degree
 Technical School Bachelors Degree Some Graduate Work
 Masters Degree Doctorate JD

College: _____ Major: _____ Month/Year Graduated: _____

College: _____ Major: _____ Month/Year Graduated: _____

Military Service:

Active Military Service: N Y Dates of Service _____ Branch _____

Reserves: N Y Dates of Service _____ Branch _____

Veterans Status? N Y Dates of Service _____

Retired Military? N Y