

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: _____

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 ☐ Head of Household ☐ Divorced ☐ Widowed

Are you a retired state of Georgia employee? ☐ Yes ☐ No

If yes, please indicate which system: ☐ TRS ☐ ERS

Education: ☐ HS Diploma ☐ Some College ☐ Associate's degree
☐ Technical School ☐ Bachelor's degree ☐ Some Graduate Work
☐ Master's Degree ☐ Doctorate ☐ JD

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

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Preferred Language: _____

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