



Personnel Data Sheet

THIS SECTION COMPLETED BY EMPLOYEE

Name _____
Last First Middle
Date of Birth _____ Social Security Number _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Personal email address _____
Emergency Contact _____ Relationship _____
Phone Number _____ Alternate Phone _____

THIS SECTION FOR OMV USE ONLY

Position/Title _____ Date of Hire _____
Contract # _____ Task Order# _____
Contract/Work Site _____ Work State _____
Work Site Phone # _____ Work email address _____
Employment Status _____ Rate _____
 Fulltime
 Part time
 PRN
Benefits
 Yes _____
 No _____
W-4 _____ State Withholding _____ Direct Deposit _____
Employee # _____ I-9 Form _____