

Pittsburg County Employee Information Form

**Employee Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone :(    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Spouse Information**

Spouse's Name: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

**Dependent Children (for insurance purposes only)**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social #: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Social #: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Social #: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ Social #: \_\_\_\_\_

**Emergency Contact Information**

Full Name : \_\_\_\_\_

Address : \_\_\_\_\_

Primary Phone: (    ) \_\_\_\_\_ Cell Phone : (    ) \_\_\_\_\_