City of Burlington Employee Personal Information Questionnaire

Please PRINT All Information Legibly

Name: _____ Social Security #: _____

Date of Birth: _____ Gender (circle one): Female or Male or Decline to Identify

Marital Status (domestic partner, married, single): _____

Race (circle one):

American Indian/Alaska Native

Asian

Black

Decline to Identify

Hispanic/Latino

Two or More Races

Native Hawaiian/Pacific Islander

White

Home Address: _____

City: _____ State: _____ Zip:_____

Best Contact Phone Number (circle one—Home or Cell): _____

Job Title: _____ Department: _____

Supervisor's Name: _____

Employee Type (circle one): RFT, RPT, LSFT, LSPT, Temporary, Seasonal

Number of Hours Per Week: _____

Union Affiliation (circle one): AFSCME, FIRE, POLICE, IBEW, NON-UNION

Dependents: Please include all individuals you would enroll in the medical and dental benefits

First Name: _____
Last Name: _____
Relation: _____
Date of Birth:_____
Social Security #: _____

First Name: _____
Last Name: _____
Relation: _____
Date of Birth:_____
Social Security #: _____

First Name: _____
Last Name: _____
Relation: _____
Date of Birth:_____
Social Security #: _____

First Name: _____
Last Name: _____
Relation: _____
Date of Birth:_____
Social Security #: _____

Emergency Contact Information

First Name: _____ Last Name:_____

Relation: _____

Address:_____

Best Contact Phone Number (circle one—Home or Cell):_____