



# CITY OF ROUND ROCK NEW Employee Personal Information Sheet

**Current Employees: Please complete ONLY what has changed, For Name/Address changes there are additional forms to complete. New Hires: Please complete the ENTIRE document.**

**A: PLEASE PRINT THE INFORMATION REQUESTED BELOW TO HELP UPDATE RECORDS.**

### EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
PLEASE PRINT or TYPE

ADDRESS: \_\_\_\_\_  
NUMBER & STREET / PO BOX NUMBER CITY STATE ZIP

DRIVERS LICENSE: \_\_\_\_\_  
DL# DL State DL Exp Date:

EMAIL ADDRESS: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_ ALT PHONE \_\_\_\_\_

**B: EMERGENCY CONTACT**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PLEASE PRINT or TYPE (Mother, Father, Sister, Brother, Friend, Daughter, Son, Other)

ADDRESS: \_\_\_\_\_  
NUMBER & STREET / PO BOX NUMBER CITY STATE ZIP

HOME NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_ ALT PHONE \_\_\_\_\_

**C: OPEN RECORDS SEC. 552.024 TEX GOV'T CODE PUBLIC INFORMATION ACT** EACH EMPLOYEE OR OFFICIAL OF A GOVERNMENTAL BODY SHALL CHOOSE WHETHER TO ALLOW PUBLIC ACCESS TO THE INFORMATION IN EMPLOYER CUSTODY WHICH RELATES TO HOME ADDRESS, HOME TELEPHONE NUMBER, OR SOCIAL SECURITY NUMBER, OR THAT REVEALS WHETHER THE PERSON HAS FAMILY MEMBERS.

### PLEASE CHECK ONE

- DO NOT allow public access to ANY of the personal information as listed above
- Allow public access to ALL of the personal information as listed above
- Allow public access to ONLY
 

<input type="checkbox"/> Social Security No. & Family Members	<input type="checkbox"/> Social Security Number only
<input type="checkbox"/> Address / Phone No. & Family Members	<input type="checkbox"/> Address / Phone Number only
<input type="checkbox"/> Family Members only	<input type="checkbox"/> Address / Phone & Social Security No.

**D: INFORMATION IS NECESSARY FOR REPORTING TO "FEDERAL" AND "EEO" AGENCIES.**

SEX: \_\_\_\_\_  
 MALE  FEMALE

MARITAL STATUS: \_\_\_\_\_  
 MARRIED  SINGLE

### Hispanic or Latino

YES  NO

### RACE/ETHNICITY (Not-Hispanic or Latino)

- AMERICAN INDIAN / ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE
- TWO OR MORE RACES

DATE OF BIRTH: \_\_\_\_\_  
Month Date Year  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

VETERAN STATUS: ARE YOU A VETERAN ?  
 YES  NO  
 ACTIVE (Member of National Guard / Military Reserves)

DO YOU HAVE A DISABILITY?  YES  NO

Disability" is described as: 1: having a physical or mental impairment which substantially limits a major life function  
2: having previous record of such an impairment  
3: being regarded as having such an impairment

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Munis Entry \_\_\_\_\_

Munis Audited \_\_\_\_\_