

**EMPLOYEE INFORMATION QUESTIONNAIRE  
PERSONNEL INFORMATION**

**Job Class Number:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temp: \_\_\_\_\_ Relief: \_\_\_\_\_ Seasonal: \_\_\_\_\_

**NAME: (As it appears on Social Security Card)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address \_\_\_\_\_

City, \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

Ethnic Code:      White: \_\_\_\_\_      Asian/Pacific Islander: \_\_\_\_\_  
                         Black: \_\_\_\_\_      American Indian/Alaskan Native: \_\_\_\_\_  
                         Hispanic: \_\_\_\_\_

U.S. Citizen:      Yes: \_\_\_\_\_  
                         No: \_\_\_\_\_      If No, Alien Number: \_\_\_\_\_

Veteran:      Yes: \_\_\_\_\_      No: \_\_\_\_\_  
Reserves:      Yes: \_\_\_\_\_      No: \_\_\_\_\_      Branch: \_\_\_\_\_

**Highest Level of Education Completed:**

High School: \_\_\_\_\_      Bachelor: \_\_\_\_\_  
G.E.D.: \_\_\_\_\_      Masters: \_\_\_\_\_  
Assoicates: \_\_\_\_\_      Doctorate: \_\_\_\_\_

**School Name, Year Graduated, Major:** \_\_\_\_\_

\_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Class: (A, B, C, D, or E) \_\_\_\_\_ Endorsements: \_\_\_\_\_

Outside Employment: Yes: \_\_\_\_\_ (if Yes, please request form for Personnel File)  
No: \_\_\_\_\_

Is file EXEMPT from Public Records Act? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Active Law Enforcement Personnel: \_\_\_\_\_ Spouse of Active Law Enforcement Personnel: \_\_\_\_\_  
Former Law Enforcement Personnel: \_\_\_\_\_ Spouse of Former Law Enforcement Personnel: \_\_\_\_\_  
Certified Firefighter: \_\_\_\_\_ Spouse of Certified Firefighter: \_\_\_\_\_  
Other: \_\_\_\_\_

**Emergency Contact Information:**

1st Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Are members of your family or relative (either by blood or marriage) employed by the Pasco County Board of County Commissioners:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_

Please Use this space for additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date