

Crook County

Employee Information



Personal Information

Social Security #:	<input style="width: 95%;" type="text"/>	Birthdate:	<input style="width: 95%;" type="text"/>						
Full Legal Name:	<input style="width: 95%;" type="text"/>								
	<i>Last</i>	<i>First</i>	<i>Middle</i>						
Preferred <u>First Name</u> (for email purposes):	<input style="width: 95%;" type="text"/>								
	<i>Preferred First Name</i>								
Mailing Address:	<input style="width: 95%;" type="text"/>								
	<i>Mailing Address</i>	<i>City</i>	<i>State</i> <i>ZIP</i>						
Physical Address:	<input style="width: 95%;" type="text"/>								
	<i>Physical Address (If different than mailing address)</i>								
Home Phone:	<input style="width: 95%;" type="text"/>	Cell Phone:	<input style="width: 95%;" type="text"/>						
Ethnicity (circle one):	<input type="checkbox"/> No, Not Hispanic / Latino <input type="checkbox"/> Yes, Hispanic / Latino								
Race:	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 33%; padding: 2px;">AS/Asian</td> <td style="border: 1px solid black; width: 33%; padding: 2px;">IN/Native American/Alaskan</td> <td style="border: 1px solid black; width: 33%; padding: 2px;">WH/White Caucasian</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">BL/Black/African American</td> <td style="border: 1px solid black; padding: 2px;">PI/Pacific Islander/Hawaiian</td> <td></td> </tr> </table>			AS/Asian	IN/Native American/Alaskan	WH/White Caucasian	BL/Black/African American	PI/Pacific Islander/Hawaiian	
AS/Asian	IN/Native American/Alaskan	WH/White Caucasian							
BL/Black/African American	PI/Pacific Islander/Hawaiian								
Gender (circle one):	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Driver's License / Exp. Date: <input style="width: 95%;" type="text"/>								
Personal Email:	<input style="width: 95%;" type="text"/>								
Signature:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 95%;" type="text"/>						

Emergency Contact Information

<input style="width: 95%;" type="text"/>		
<i>Last</i>	<i>First</i>	<i>M.I</i>
<input style="width: 95%;" type="text"/>		
<i>Street Address</i>	<i>Apartment/Unit #</i>	
<input style="width: 95%;" type="text"/>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Home Phone:	<input style="width: 95%;" type="text"/>	Cell Phone: <input style="width: 95%;" type="text"/>
Relationship:	<input style="width: 95%;" type="text"/>	

FOR OFFICE USE ONLY

Posting #:	Position:	Dept:
Start Date:	FTE:	<input type="checkbox"/> Regular <input type="checkbox"/> Temp <input type="checkbox"/> FT <input type="checkbox"/> PT
Salary Grade:		

Notes: