

# Personnel Information Sheet

**This information will be for official department use ONLY.**

Please Print Clearly

Personnel Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Phone Numbers (Home, Work, Cell): \_\_\_\_\_

\_\_\_\_\_

Date Joined Department: \_\_\_\_\_

Date Left Department: \_\_\_\_\_

Position Held: \_\_\_\_\_

Training/Certifications Held When Joined Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all of the information I provided is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_