



TOWN OF SHALLOTTE

PERSONNEL RECORD

Employee Name: _____

Mailing Address: _____

Physical Address: _____

County: _____

Email: _____

Phone Number (Home): _____ (Cell): _____

Gender: Male Female Marital Status: _____

Ethnic Origin: White (non-Hispanic) Black (non-Hispanic) Hispanic

Asian/Pacific Islander American Indian/Alaskan Native

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Department: _____

Position/Job Title: _____

Please list any past/current Military Service: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Relationship to you? _____

Address: _____

Phone Number (Home): _____ (Cell): _____

(Work): _____ (Other): _____

Employee Signature: _____ Date: _____