

# County of Mono

## EMPLOYEE'S PERSONAL INFORMATION SHEET

FILL OUT FORM COMPLETELY and submit to Human Resources: [hr@mono.ca.gov](mailto:hr@mono.ca.gov); fax: 760.932.5411

**PLEASE PRINT**

cc: PAYROLL

TODAY'S DATE: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
as it appears on Social Security card

HOME PHONE: \_\_\_\_\_

EMAIL (H): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Choose one ethnic group with which you most closely identify with:

\_\_\_\_\_ Caucasian Male \_\_\_\_\_ Black Male \_\_\_\_\_ Asisan/Pacific Island Male  
\_\_\_\_\_ American Indian Male \_\_\_\_\_ Hispanic Male \_\_\_\_\_ Asisan/Pacific Island Female  
\_\_\_\_\_ Caucasian Female \_\_\_\_\_ Black Female  
\_\_\_\_\_ American Indian Female \_\_\_\_\_ Hispanic Female

MAILING ADDRESS: \_\_\_\_\_   here if new

PHYSICAL ADDRESS: \_\_\_\_\_   here if new

**FOR BENEFIT PURPOSES, PLEASE COMPLETE THE FOLLOWING:**

EMPLOYEE STATUS: FULL TIME \_\_\_\_\_ PART TIME (HRS PER WEEK) \_\_\_\_\_

MARITAL STATUS: S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ NUMBER OF DEPENDENTS: \_\_\_\_\_

If married, DATE OF MARRIAGE: \_\_\_\_\_ If divorced, DATE OF DIVORCE: \_\_\_\_\_   here if new

SPOUSE'S FULL NAME: \_\_\_\_\_ SPOUSE'S SS#: \_\_\_\_\_  
as it appears on Social Security card

SPOUSE'S EMPLOYER: \_\_\_\_\_ SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

OTHER INSURANCE COVERAGE? YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICAL: YES \_\_\_\_\_ NO \_\_\_\_\_ VISION: YES \_\_\_\_\_ NO \_\_\_\_\_ DENTAL: YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, PROVIDE COPIES OF CARDS FOR COORDINATION OF BENEFITS**

DO YOU CURRENTLY HAVE FUNDS ON DEPOSIT WITH CalPERS? YES \_\_\_\_\_ NO \_\_\_\_\_

**NAME(S) OF ECONOMICALLY DEPENDENT CHILDREN: (to age 26 and not married)**

Required for Insurance Enrollment

Refer Questions to Payroll: 760.932.5495

Name as appears on SS card	Birth Date	Relationship	Sex	Social Security #

If you are covering dependents that do not live with you, please give address.

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

*\*Relationship: Son; Daughter; Step child; Econ. Dep. Child; Step son; Step daughter; Niece; Nephew; Grandchild, etc.*

PERSON TO CONTACT IN AN EMERGENCY: \_\_\_\_\_

DAYTIME EMERGENCY CONTACT NUMBER: (other than home phone number) \_\_\_\_\_

I certify that answers given herein, are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

