



EMPLOYEE INFORMATION RECORD/CHANGE

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City or Town _____ State _____ Zip Code _____

Home Phone Number: Area Code () _____

Cell Number: Area Code () _____

Social Security Number _____ - _____ - _____

Date of Birth _____ Place of Birth _____

Race _____ Sex (M/F) _____ Marital Status _____

Armed Services Veteran (Y/N) _____ Physical Disabilities (Y/N) _____

Are you currently employed with the State of Connecticut? (Y/N) _____

If yes, at what state agency were you employed _____

Have you previously worked for the State of Connecticut? (Y/N) _____

If yes, at what state agency were you employed and how long? _____

Please provide your State of Connecticut employee number _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Signature _____ Date _____