



Department of Human Resources

701 Kelly Road, Cumberland, MD 21502

(301) 777-5979 Fax (301) 777-2432

www.alleganygov.org

PERSONAL INFORMATION FORM

Employee Name

Employee ID # (to be assigned by payroll)

ADDRESS

STREET ADDRESS:

| | | | | |
|----------------|-----|------|-------|----------|
| Street Address | Apt | City | State | Zip Code |
|----------------|-----|------|-------|----------|

(Federal Regulations require us to have a street address on file for all employees.)

MAILING ADDRESS:

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

COMMUNICATION INFORMATION

HOME PHONE NUMBER:

(to be used for HR/payroll contact purposes)

CELL PHONE NUMBER:

(to be used for emergency communications/department notices)

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permission to communicate with you using your provided cell phone number

EMAIL ADDRESS:

(to be used for delivery of electronic paystubs)

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DATE OF BIRTH:

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RACE:

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SPOUSE:

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DEPARTMENT EMPLOYED:

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JOB TITLE - CLASSIFICATION:

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EMERGENCY CONTACT

EMERGENCY CONTACT(S):

| | |
|------------------------|--------------------------|
| Name (Primary Contact) | Name (Secondary Contact) |
| Phone Number | Phone Number |

Employee Signature

Date

PLEASE FORWARD TO HUMAN RESOURCES AND RETAIN A COPY FOR YOUR RECORDS.