



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

MAILING ADDRESS:

Street Address	City	State	Zip Code
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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.