



# Department of Human Resources Personal Information Form

New       Change       Other \_\_\_\_\_

## Personal Information

Name:		Emp #
Home Address:		
City:	State:	Zip Code:
Mailing Address if Different		
Mailing Address:		
City:	State:	Zip Code:
Telephone Home: (    )	Telephone Cell: (    )	
Personal Email:		
Date of Birth:	SS#:	
DL/ID#:	DL/ID Issued by:	

## Name Change Information (proof of identity required)

New Name:
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## Employee Acknowledgment

California Government Code section 3558 requires the employer to provide an association/union representing its employees with the name, job title, department, work location, work, home, and personal cellular telephone numbers, personal email addresses on file with the employer, and home address. This information only is being provided in respected confidence to the association/union as required, as specific exceptions still apply, e.g. law enforcement. However, this information is not considered public records. The California Public Records Act continues to allow agencies to withhold the home addresses, home telephone numbers, personal cellular telephone numbers, birthdates, and generally personnel email addresses of all employees of a public agency.

Employee signature: _____	Date: _____
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<b>H.R. Use Only</b>	Completed Date: _____	Verified by: _____
<input type="checkbox"/> NeoGov	<input type="checkbox"/> BE	<input type="checkbox"/> PERS
<input type="checkbox"/> AMW	<input type="checkbox"/> Employee File	<input type="checkbox"/> IT (Name Change)