

# COUNTY OF YOLO PERSONAL DATA FORM

DATE	DEPARTMENT	ACTION <b>Personal Information</b>
EMPLOYEE'S NAME (LAST NAME FOLLOWED BY A COMMA, FIRST NAME, MIDDLE AS IT IS ON SOCIAL)		SOCIAL SECURITY NUMBER

CURRENT HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)					
MAILING ADDRESS (IF DIFFERENT THAN CURRENT HOME ADDRESS)					
MAIN PHONE (INCLUDE AREA CODE)		WORK PHONE (INCLUDE AREA CODE)		OTHER PERSONAL PHONE	
<input type="checkbox"/> LANDLINE <input type="checkbox"/> CELL		<input type="checkbox"/> LANDLINE <input type="checkbox"/> CELL		<input type="checkbox"/> LANDLINE <input type="checkbox"/> CELL	
<input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE	BIRTHDATE	ETHNICITY		
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED		<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> WHITE		

### DRIVER'S LICENSE

DRIVER'S LICENSE NUMBER	CLASS	STATE
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### EDUCATION

EDUCATION LEVEL (DEGREE OR CERTIFICATE)	YEAR ACHIEVED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LANGUAGES
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### EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT (1)	RELATIONSHIP	PHONE NUMBER <input type="checkbox"/> LANDLINE <input type="checkbox"/> CELL
NAME OF EMERGENCY CONTACT (2)	RELATIONSHIP	PHONE NUMBER <input type="checkbox"/> LANDLINE <input type="checkbox"/> CELL

### DIRECT DEPOSIT

<input type="checkbox"/> <b>DEPOSIT MY PAYCHECK DIRECTLY TO MY BANK ACCOUNT</b> <input type="checkbox"/> CHECKING ACCOUNT (ATTACH A VOIDED CHECK) <input type="checkbox"/> SAVINGS ACCOUNT – BANK ROUTING # _____ ACCOUNT # _____	
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