



Personal Information Record

Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #

City State ZIP Code

Birth Date: SSN:

Gender: Marital Status:

Phone: Email:

Ethnic Group: White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Job Information

Hire Date: Department:

Job Title:

Emergency Contact Person

Full Name: Last First Phone

Disability Accommodations

Do you need an ADA accommodation?:

Access to Employee Documents

I have access to the following (please initial):

- Cass County Employee Handbook
Group Health Plan booklet
ND Public Employee Retirement System booklet

I certify that answers given are true and complete to the best of my knowledge. I understand that giving false or misleading information may result in termination. I also understand that I am required to abide by all rules and regulations of the county.

EMPLOYEE SIGNATURE

DATE