City of Peoria
New Hire Personal Information Form

PERSONAL DATA	
EMPLOYEE ID NO.	

*Please Complete Highlighted Areas

LAST NAME (as it appears on social security card)	
FIRST NAME (as it appears on social security card)	
MIDDLE NAME (as it appears on social security card)	

ADDRESS			
CITY		**STATE** / **Zip**	
COUNTY		**TELEPHONE**	
EMAIL ADDRESS			

GENDER	☐ Male ☐ Female	**Date of Birth**

EDUCATION	☐ High School Graduate or Equivalent ☐ Some College ☐ Technical School ☐ 2 year College Degree ☐ Bachelor's ☐ Some Graduate School ☐ Master's ☐ Doctorate (Academic) ☐ Doctorate (Professional)

MARITAL STATUS	☐ Single ☐ Married * *Date of Marriage*: _____	**SOCIAL SECURITY NUMBER**
MILITARY	☐ Veteran ☐ Not a Veteran	
ETHNIC GROUP	☐ American Indian/ Alaska Native ☐ Asian ☐ Black/ African American ☐ Hispanic/ Latino ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ Not Specified	
I-9 DOCUMENTATION	☐ Passport ☐ Drivers License ☐ SS Card ☐ Birth Certificate ☐ Other	

EMERGENCY CONTACT NAME			
ADDRESS		**COUNTY**	
CITY		**STATE** / **ZIP**	
TELEPHONE		**RELATIONSHIP**	
EMPLOYEE SIGNATURE		**Date**	