



## BASTROP COUNTY HUMAN RESOURCES

### EMPLOYEE INFORMATION FORM

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#### INDIVIDUAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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#### ADDRESS INFORMATION

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ County: \_\_\_\_\_

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#### MARITAL STATUS

Single  
 Married - Date of Marriage \_\_\_\_\_  
Spouses Name: \_\_\_\_\_

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#### CONTACT INFORMATION

Work Email: \_\_\_\_\_ Personal Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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#### EMERGENCY CONTACT (Person to be contacted in the case of an emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_