



TOWNSHIP OF JACKSON  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF PERSONNEL

EMPLOYEE DATA FORM  
(Please Print)

New Employee

Current Employee Update

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

Gender:  Male  Female

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

Date of Birth: \_\_\_\_\_

Marital Status:  S  M  D

Home Phone:  \_\_\_\_\_

Race:  White  Black  Hispanic

Cell Phone:  \_\_\_\_\_

Asian or Pacific Islander

American Indian or Alaskan Native

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

Emergency Contact:

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

Relationship: \_\_\_\_\_

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

Home Phone:  \_\_\_\_\_ Work Phone:  \_\_\_\_\_

Dependent Information:

<i>Name of Dependent</i>	<i>Birth Date</i>	<i>Dependent SS#</i>	<i>Student (Y) or (N)</i>

**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_