



HOOD RIVER COUNTY EMPLOYEE INFORMATION

CURRENT NAME & ADDRESS: (please print or type)

Name: _____

Phys. Address: _____

Mailing Address: _____

Home/Cell Phone: _____ Work Phone: _____ Ext. _____

E-mail Address: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ Home/Cell Phone: _____

Work Phone: _____ E-Mail Address: _____

PERSONAL INFORMATION / AFFIRMATIVE ACTION:

Social Security #: _____ Date of Birth: _____

Marital Status: Married Single Prefer not to respond

Ethnic Status: American Indian or Alaskan Native Asian
 Black or African American Hispanic or Latino/a
 Middle Eastern or North African Native Hawaiian or Pacific Islander
 White Other: _____
 Prefer not to respond

Signature: _____ Date: _____

HR USE ONLY:

Entered in Caselle Entered in OEGB Copied Payroll