



City of Wilmington
Human Resources

341-7840

EMPLOYEE PERSONAL INFORMATION FORM

I am filling out this form because:

- New Employee
 I Moved
 Change in Marital Status
 Other _____

Name

Last

First

MI

SS#

_____/_____/_____

Current Address

Number

Street

Apt. #

City

State

Zip Code

Mailing Address

(If different from above)

Home Telephone

() _____

Cell phone () _____

Email Address:

_____@_____

Marital Status:

Single

Married

Spouse's Name: _____

EMERGENCY CONTACT INFORMATION:

Person to Contact in the

Event of Emergency

Relationship

Address

Telephone

() _____

Cell () _____

Work Information

for Contact Person

Company

Work Phone

DID YOU GET MARRIED or DIVORCED? If you need to add/remove your spouse to/from your insurance plan please complete the Qualifying Event (QE) Change Form. Please note that all changes must be made within 30 days of the QE. You might also consider updating your beneficiaries for retirement, 401k, 457, etc. Forms are available in HR and on the HR website.

The above information is accurate. It will be maintained and used in a confidential manner. It may be used by the City of Wilmington to contact me if necessary, or in the event of an EMERGENCY, to contact the individual designated.

Employee Signature

Date