



City of Russellville
Employee Personal Information Record

Social Security No.: _____ Employee No.: _____

Name as Usually Written: _____
(Print)

Present Home Address: _____

Telephone: _____
(Residence) (Office)

Data Concerning Spouse

Name in Full: _____

Emergency Contacts

Name	Telephone Number (Work, Home, Cell, Pager etc.)

Legal Signature

Date