

The Adjutant General's Department

This information is needed for personnel and payroll records. It is the responsibility of the employee to complete this form and update information within ten (10) days of a change.

Name _____ *Other Names (last, nicknames, etc)* _____ *Effective Date* _____

Home Address _____ *City* _____ *State* _____ *Zip Code* _____ *County* _____

Home Phone _____ *Birth Date* _____ *Social Security Number* _____ *Employee ID #* _____

1. _____
Emergency Contact _____ *Relationship* _____ *Work Phone* _____ *Home Phone* _____

Home Address _____ *City* _____ *State* _____ *Zip Code* _____ *County* _____

2. _____
Emergency Contact _____ *Relationship* _____ *Work Phone* _____ *Home Phone* _____

Home Address _____ *City* _____ *State* _____ *Zip Code* _____ *County* _____

Nepotism: List name and relationship of any relatives employed by the Adjutant General's Department. (KAR 1-9-21). Continue on back if needed.

Name _____ *Relationship* _____ *Worksite* _____

State Employment: List all previous state employment. Continue on back if needed.

Dates _____ *Agency* _____

Worksite Information:

Location: _____ *Work #:* _____ *(DSN)* _____

E-Mail: _____ *Fax #:* _____

Supervisor: _____ *Work#:* _____ *(DSN)* _____

OSHR: _____ *SHaRP* _____ *Database* _____