



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