

Oracle  
Employee # \_\_\_\_\_

# PERSONAL DATA FORM



for Active Employees

CURRENT AND NEW EMPLOYEE

**PLEASE PRINT CLEARLY!**

Name: \_\_\_\_\_  

Last
First
MI

FORMER Name, if reporting name change: \_\_\_\_\_  

◆ Legal documentation for name change must be attached ◆

Department Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  

Street Name
City

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County
State
Zip Code

Phone Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Work: \_\_\_\_\_

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Primary Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Phones: Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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ALT Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ALT Emergency Contact Phones: Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

NEW EMPLOYEE

SEX: (Check one)  Male  Female      BIRTHDATE: \_\_\_\_\_  

Month
Day
Year

ETHNICITY: (Check one. Optional, but needed for compliance with Federal EEOC reporting requirements.)

American Indian or Alaskan Native

Hispanic/Latino

Asian/Pacific Islander

Black/African American

White

EDUCATION LEVEL: (Check one and show year achieved.)

No academic credentials

High School Diploma

Trade Certificate

Some College

Associate Degree

Bachelor's Degree

Master's Degree

Professional Degree

Other Doctorate

PhD

Year Achieved: \_\_\_\_\_

MILITARY STATUS: (Check one if appropriate.)

Active Reserve
 Inactive Reserve
 Retired
 Vietnam Era
 Other Veteran

Revised 11/2014

EMPLOYEE'S

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Employees with access to Oracle Employee Self Service (ESS) are to electronically update their home address and telephone numbers online; do not submit a form for these changes.**

**Updates to Emergency Contact must be sent to OHR Records Management.**

**Return completed form to OHR Records Management, EOB 12<sup>th</sup> Floor; send as an email attachment to [records.ohr@montgomerycountymd.gov](mailto:records.ohr@montgomerycountymd.gov); or fax to 240-777-5130.**