

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

_____ County State Zip Code

Phone Numbers: Home: _____ Mobile: _____
 Work: _____

Primary Emergency Contact Name: _____ Home Phone: _____

Emergency Contact Phones: Work Phone: _____ Mobile Phone: _____

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 12th Floor; send as an email attachment to records.ohr@montgomerycountymd.gov; or fax to 240-777-5130.