City of Youngstown

Employee Data Sheet
Clock #: _____

New Hire: ☐
Hire Date: _____

Change: ☐
Effective Date: _____

Employee Section

Full Name: _____
First *M.I.* *Last* *Suffix*

Social Security Number: _____

Date of Birth: _____ Gender: _____ Race: _____
MM /DD /YYYY

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Marital Status: ☐ *Married* ☐ *Single* Personal Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Employer Section

Department:			
Position Title:		Position #:	
Benefit Group: Union ☐ Management ☐		Union #:	
Full Time ☐ Part Time ☐ Seasonal ☐		Union Dues Amt.:	
Annual Salary:		Hourly Rate:	
Termination Date:		Termination Reason:	
Last Day Worked:		Fire Suppression: Suppression ☐ Non ☐	

Dept. Head Signature: _____ Date: _____

THE CITY OF YOUNGSTOWN OHIO