

**CITY OF HAINES CITY
EMPLOYEE INFORMATION FORM**

EMPLOYEE'S FULL NAME: _____

EMPLOYEE'S HOME PHONE NUMBER: _____

CURRENT STREET ADDRESS

STREET: _____ APT. NO: _____

CITY: _____ STATE: FL ZIP: _____

MAILING ADDRESS (ONLY IF DIFFERENT THAN ABOVE):

STREET/P.O. BOX: _____

CITY: _____ STATE: FL ZIP: _____

EMERGENCY INFORMATION

CONTACT NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

CONTACT NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

MARITAL STATUS

_____ SINGLE _____ MARRIED

Effective Date of Change: _____