County of Albemarle
Human Resources Department

New Employee Personal Data Sheet

Instructions: The following data is needed to establish a personnel record for you as a new employee in Albemarle County. Please complete all information and, if changes occur, be sure to notify the Human Resources Department. Forms for such changes are available through Human Resources. Forms are also available on-line at www.albemarle.org/hr.

Name: _____
(*Last*) (*First*) (*MI*)

Social Security #: _____ Preferred First Name: _____

Address: _____
(*Street*)

_____
(*City*) (*State*) (*Zip*)

Mailing Address: _____
(*If different from shown above*)

City/County/Town of Residence:

- ☐ Albemarle Co. (01)
- ☐ Amherst Co. (03)
- ☐ Augusta Co. (05)
- ☐ Buckingham Co. (06)
- ☐ City of Charlottesville (07)
- ☐ City of Harrisonburg (08)
- ☐ City of Lynchburg (09)
- ☐ City of Staunton (10)
- ☐ City of Waynesboro (11)
- ☐ Culpeper Co. (12)
- ☐ Fluvanna Co. (14)
- ☐ Greene Co. (16)
- ☐ Louisa Co. (17)
- ☐ Madison Co. (18)
- ☐ Nelson Co. (19)
- ☐ Orange Co. (20)
- ☐ Rockingham Co. (25)
- ☐ Other (please specify): _____

Home Phone #: _____ Work Phone #: _____

Home Email: _____ Work Email: _____

Birth Date: _____ Sex: ☐ Male ☐ Female

Race: ☐ White (5) ☐ Black (4) ☐ Hispanic (3) ☐ Asian (2) ☐ American Indian (1)

Name of School or Department: _____

(FOR SCHOOL EMPLOYEES ONLY)

Do you want to be included in the School Directory?

- ☐ ***Yes, include name, address & phone number (Y)***
- ☐ ***Yes, include name only (B)***
- ☐ ***Yes, include name and phone number only (A)***
- ☐ ***Yes, include name and address only (P)***
- ☐ ***No, do not include (N)***

Emergency Contact:

Name: _____
(*Last*) (*First*) (*MI*)

Address: _____
(*Street*)

_____
(*City*) (*State*) (*Zip*)

Phone #: _____ Relationship: _____

_____ _____
(*Employee Signature*) (*Date signed*)

NEW DATA FORM (2/2010) Recycle previous copies

PRINT RESET FORM