ATTACHMENT 4

Personal Data Sheet

PERSONAL DATA SHEET

EMPLOYEE INFORMATION

/ /

LAST NAME **FIRST NAME** **MIDDLE INITIAL**
DATE OF BIRTH

HOME ADDRESS **CITY, STATE, ZIP**

(_____)_____ (_____)_____ (_____)_____
HOME PH # **WORK PH #** **CELL PH #**

(_____)_____ (_____)_____ _____
FAX # **OTHER PH #** **(SPECIFY)**

_____
EMAIL ADDRESS

_____ _____ _____
GRADE **SERIES** **JOB TITLE**

PERSONAL INFORMATION *(not required)

EYE COLOR: _____ HAIR COLOR: _____ HT: _____ WT: _____

*** Used for emergency identification purposes only.**

SHIRT SIZE

☐ **S** ☐ **M** ☐ **L** ☐ **XL** ☐ **2X** ☐ **3X**

EMERGENCY CONTACT INFORMATION

NAME _____ **RELATIONSHIP** _____

ADDRESS_____

PHONE # (_____)_____ **ALT #** _____

PRIVACY ACT: The information contained in this covered by the Privacy Act and be used only for official purposes associated with selecting and deploying the above individual for emergency and no other purpose.