



CITY OF MILWAUKEE
Election Commission
200 East Wells Street - Room 501
Milwaukee, WI 53202
(414) 286-3491

EMPLOYEE INFORMATION SHEET

Note: All Information asked for on this sheet is REQUIRED

Legal Name (Exactly as it appears on your Social Security card):

Last Name _____ **First Name** _____ **M.I.** _____

HOME Street Address _____ **Apt #** _____ **City** _____ **State** _____ **Zip** _____

MAILING Street Address (If Different) _____ **City** _____ **State** _____ **Zip** _____

Phone Type:	Phone Number:	Choose 1 Primary	E-Mail Type:	E-Mail Address:	Choose 1 Primary
Home	()	<input type="radio"/>	Home		<input type="radio"/>
Mobile	()	<input type="radio"/>	Business		<input type="radio"/>
Work	()	<input type="radio"/>	Other		<input type="radio"/>

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Sex : Male or Female

Marital Status: **Divorced** **Married** **Separated** **Single** **Widowed**

Ethnic Group(s): **African American/Black** **Asian** **Caucasian/White** **Hispanic/Latino**
Native American **Native Hawaiian/Pacific Islander** **Other**
(Circle all that apply and underline the primary/main one.)

Are you a former City of Milwaukee Employee? If so please complete the employment details below. For this purpose a City of Milwaukee employee is Fire, Police, Election Commission, or any other City of Milwaukee department; NOT MPS.

Dates Worked (From – To)	Last Department Worked In	Last Job Title Held	Employee ID# Peoplesoft/Paycheck#	Your Name(s) at time of Employment (If different)

Signature _____ **Date** _____

<input type="checkbox"/> Updated in Database	Office Staff Initials:	Date:
<input type="checkbox"/> Updated in HRMS/ #:	Office Staff Initials:	Date: