

### The Adjutant General's Department

This information is needed for personnel and payroll records. It is the responsibility of the employee to complete this form and update information within ten (10) days of a change.

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*Name* \_\_\_\_\_ *Other Names (last, nicknames, etc)* \_\_\_\_\_ *Effective Date* \_\_\_\_\_

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*Home Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *County* \_\_\_\_\_

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*Home Phone* \_\_\_\_\_ *Birth Date* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_ *Employee ID #* \_\_\_\_\_

1. \_\_\_\_\_

*Emergency Contact* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Work Phone* \_\_\_\_\_ *Home Phone* \_\_\_\_\_

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*Home Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *County* \_\_\_\_\_

2. \_\_\_\_\_

*Emergency Contact* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Work Phone* \_\_\_\_\_ *Home Phone* \_\_\_\_\_

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*Home Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ *County* \_\_\_\_\_

*Nepotism:* List name and relationship of any relatives employed by the Adjutant General's Department. (KAR 1-9-21). Continue on back if needed.

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Worksite* \_\_\_\_\_

*State Employment:* List all previous state employment. Continue on back if needed.

*Dates* \_\_\_\_\_ *Agency* \_\_\_\_\_

*Worksite Information:*

*Location:* \_\_\_\_\_ *Work #:* \_\_\_\_\_ *(DSN)* \_\_\_\_\_

*E-Mail:* \_\_\_\_\_ *Fax #:* \_\_\_\_\_

*Supervisor:* \_\_\_\_\_ *Work#:* \_\_\_\_\_ *(DSN)* \_\_\_\_\_

*OSHR:* \_\_\_\_\_ *SHaRP* \_\_\_\_\_ *Database* \_\_\_\_\_