

WV Division of Administrative Services

Employee Personnel Information

please print clearly

Employee Name: _____

Social Security #: _____ Hire Date: _____

Employee **Physical** Address: _____
(please print clearly)

Employee **Mailing** Address: _____
(if different than Physical address)

County: _____

Home Phone #: _____ Email Address: _____

Date of Birth: _____ Race: _____ Sex: _____

Marital Status: _____

Emergency Contact Information:

Name: _____

Relationship to you: _____

Phone Number(s): _____

****prior to sending to DAS, please ensure that name spelling, address(es) and social security number match what's in Oasis**