

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**