State of Delaware
Employee Personal Data/Emergency Contact Information

EMPLOYEE PERSONAL INFORMATION

Employee Name (First/Last): DOB: Maiden Name:
SSN:
Address1:
Address2:
City: State: Zip Code: County:
Home Phone: Cell Phone: Other: E-Mail Address:

Work or Live in City of Wilmington Wage Tax Area? Yes ☐ No ☐
Gender Race

Single ◯ **Married** ◯ **Separated** ◯ **Divorced** ◯ **Widowed** ◯ **Civil Union** ◯
Name of Spouse: Date of Marriage/Civil Union:
Spouse SSN: Date of Birth:

EMERGENCY CONTACT INFORMATION

#1 Emergency Contact Name:
Phone #1: Phone # 2:
Address: City: State: Zip:
Relationship: Email Address:

#2 Emergency Contact Name:
Phone #1: Phone # 2:
Address: City: State: Zip:
Relationship: Email Address:

VETERAN'S STATUS

Were you or your spouse in the military? Self: Yes ◯ No ◯
Spouse: Yes ◯ No ◯
(1) Considered an Honorably Discharged Veteran from the military? Yes ☐ No ☐
(2) Considered a Disabled Veteran by the Veteran's Administration? Yes ☐ No ☐