

Jefferson County Government

300 East Main Street
Madison, Indiana 47250



Equal Employment Opportunity Form

Employee Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Social Security: _____ Date of Birth: _____

Phone Number: () _____

Email Address: _____

Start Date: _____ Full Time / Part Time (Circle One)

General Information

Gender: Female: _____ Male: _____ **Is health insurance available to employee?:** Yes: _____ No: _____

Emergency Contact Information:

Name: _____

Relationship: _____ Phone Number: _____

Payroll Section

This information is being requested for payroll purposes. This section should only be filled out by the Payroll Clerk &/ Auditor's Office.

Driver's License Number: _____ **State of Driver's License:** _____

Home Fund #: _____ **Home Department #:** _____

Rate of Pay: _____ **Job Title:** _____

Annual Wage Amount: _____

Copies Needed: Driver's License Social Security/Military ID Voided Check