



## NEW HIRE INFORMATION

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAIDEN / FORMER NAME: \_\_\_\_\_

HOME ADDRESS:

NUMBER AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NAME OF SPOUSE / DOMESTIC PARTNER: (if applicable)

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DOES YOUR SPOUSE / DOMESTIC PARTNER WORK FOR DODGE COUNTY?  YES  NO

NAMES OF DEPENDENT(S): (if applicable)

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY #	SEX	DATE OF BIRTH
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have previous service under the Wisconsin Retirement System?  YES  NO. If yes, how many years of service: \_\_\_\_\_

If you have any questions regarding the above requested information, please call Dodge County Human Resources Department at 920-386-3690.