



VIRGINIA DEPARTMENT OF SOCIAL SERVICES



# Employee Personal Data Form

Type of Request:  New Hire  Legal Name Change  Address Change  Other

Employee ID Number: (if available) \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Name Change: (if requesting a Legal Name Change; a copy of your Social Security Card showing your updated name must be attached)

Former Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Citizen Status?  US Citizen  Alien Permanent  Alien Temporary

Marital Status:  Single  Married  Divorced  Widowed

Gender:  Female  Male  Prefer Not to Answer Disability:  Yes  No  Per Not to Answer

Ethnicity:  American Indian/Alaskan Native  Asian  Black  Hispanic  White  Hawaiian/Other Pacific Islander  Other: \_\_\_\_\_

Education:  HS Diploma  Some College  Associate Degree  Technical/Professional School  Bachelors Degree  Masters Degree  Doctorate  Post Doctorate  Less Than HS Graduate

Military Service:  Active Reserve  Veteran  Not Veteran

## Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Hire or Rehire:** Provide this form to your HR representative or supervisor with the rest of your new hire paperwork.

### Address Change or Name Change:

- If you are a current employee requiring an address change, update your information in [Cardinal](#).
- If you are submitting a name change, you must attach a copy of your updated Social Security Card.
- Email this form to [benefitsteam@dss.virginia.gov](mailto:benefitsteam@dss.virginia.gov) or in person at the Central Office HR Dept.