SECURITY SYSTEM DATABASE
EMPLOYEE INFORMATION

Employee Name:		**Date of Birth:**	
ID #:		**Date of Hire:**	
Position Title:		**Dept./Div.:**	
Status:	☐ FT ☐ PT ☐ TEMP ☐ INTERN/VOLUNTEER ☐ JANITORIAL		

Home Address:		**Home Phone:**		**Mobile Phone:**	
Emergency Contact:		**Phone:**		**Relationship:**	

Part of Emergency Management Response Team: ☐ YES ☐ NO

Clearance: _____

Employee Signature: _____ **Date:** _____

****Note: Original form must be returned to the Human Resources Department.**