



Bonner County Personnel File Record

PLEASE PRINT

Date: _____

Name: _____ / _____ / _____
Last First MI

Mailing Address: _____

_____ / _____ / _____
City State Zip

Physical Address if different from above: _____

_____ / _____ / _____
City State Zip

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Marital Status: ___Single ___Married

Gender: F M

Department: _____ Hire Date: _____

IN CASE OF EMERGENCY, NOTIFY:

Name Phone Number

Reason for Change: _____

Employee Signature: _____