

Personnel Questionnaire

Webster County Courthouse



Name: (First Middle Last) _____ Employee Number: _____

Office: _____ Title: _____

Date of Hire: _____ DSN: _____

Sex: M F DOB: ____/____/____

Home Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Emergency Contact: _____ Relation: _____

Emergency Phone: _____

Medical Conditions: _____

Personal Signature: _____

Office Use: DOH: _____ DOT: _____ SS: _____

Start wage: _____ 1st Eval: _____ 2nd Eval: _____ Top: _____

CERF: Vested/NonVested/None Certifications attached: Y N

Retention:

GS 035 Withholding Certificates. Retain 5 years after expiration. Destroyed: _____

GS 031 I-9. Retain 1 year after separation: Destroyed: _____

GS 032 Benefit Records. Retain 3 years after separation. Destroyed: _____