



INFORMATIONAL SHEET FOR THE CITY OF PORT WASHINGTON

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell #: _____ DOB: _____

Gender: M F Race: _____ Marital Status: _____

SS #: _____ Email: _____

Driver's License: _____ Age: _____

Were you ever employed by a School District/Municipality/Government/Other Facility that had Wisconsin Retirement as their retirement plan? Y N

If Yes, Where and When: _____

Have you ever participated in Wisconsin Retirement? Y N

If Yes, Where and When: _____

Hire Date: _____ Department: _____

Position: _____ Student: Y N Grade: _____ (If Applicable)

School Attending: _____ (If Applicable)

Spouse's Name: _____ SS # _____ DOB _____ (If Applicable)

Table with 3 columns: Dependents (If Applicable), Social Security Number, Birth Dates

EMERGENCY DATA

Contact Name: _____ Relation: _____

Phone #: _____ Location: _____

FOR OFFICE USE ONLY

Position _____ Rate of Pay _____ Labor Code _____ Account # _____

Position _____ Rate of Pay _____ Labor Code _____ Account # _____

Position _____ Rate of Pay _____ Labor Code _____ Account # _____

Start Date _____ (Date that employee will start working and receiving wages)

Approved By: _____ Date: _____ Employee # _____