



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

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Position Rate of Pay Labor Code Account # Start Date (Date that employee will start working and receiving wages) Approved By: Date: Employee #