

WASHINGTON TOWNSHIP

PERSONNEL RECORD FORM

Personal Information

Name: _____

Address: _____

Phone Numbers

Home: _____ Cell: _____

Other (specify): _____

Email Address: _____

D.O.B. _____ SS # _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers

Home: _____ Cell: _____

Other (specify): _____

Employee Signature: _____ Date: _____

Position(s) / Offices Held

Name of Position / Office: _____

Date Elected / Appointed: _____

End Date: _____

Name of Position / Office: _____

Date Elected / Appointed: _____

End Date: _____

Name of Position / Office: _____

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