

WASHOE COUNTY HUMAN SERVICES AGENCY
350 S. CENTER STREET
RENO, NEVADA 89501-2103
Telephone (775) 337-4470
Fax (775) 337-4495

PERSONAL DATA SHEET

EMPLOYER: Each new employee must complete (in blue or black ink) all areas of this form **WITHIN 24 HOURS** of commencing work. Mail, fax, or deliver the white copy to Washoe County Human Services Agency. Enter the day/month/year in date/expiration areas. Retain the pink copy for your files.

FACILITY Name: _____

FACILITY Address: _____

FACILITY Start Date: _____

Is employee new to child care? _____

Previous child care employment - list names of facilities:

Date form completed: _____

EMPLOYEE Name: _____

EMPLOYEE Maiden Name: _____

All Other Former Names: _____

EMPLOYEE Address: _____

City: _____ ST: _____ Zip: _____

Telephone: _____

Social Security No.: _____

Date of Birth: _____

Work Permit Receipt #: _____

Work Permit Card Expiration Date: _____

TB Test Expires: _____