



WASHOE COUNTY HUMAN SERVICES AGENCY

350 S. CENTER STREET
RENO, NEVADA 89501
PHONE: (775) 337-4470
FAX: (775) 337-4495

EMPLOYEE PERSONAL DATA SHEET

Each new employee must complete all areas of this form WITHIN 24 HOURS of commencing work. Employee should deliver this form attached to completed Consent and Release to Washoe County Human Services Agency at 350 S. Center St., 1st Floor.

This form can also be emailed to hsa-pdsforms@washoecounty.gov

Facility Name: _____

Facility Address: _____

Employee Name: _____ Employee Start Date: ____/____/____

Maiden Name and any other names/aliases: _____

Date of Birth: _____ Social Security Number: _____

Employee Address: _____ City: _____ State: _____ Zip: _____

Employee Phone: _____ Employee Email: _____

Employee New to Child Care? No Yes Current Eligibility Memo? No Yes - Expiration Date: ____/____/____

Date Fingerprinted: ____/____/____ TB Test Expiration: ____/____/____

Previous child care employment - list names of facilities: _____

