



CEDRIC GILES | COOK COUNTY CLERK'S OFFICE

HUMAN RESOURCES | 69 West Washington Street, Suite 500, Chicago, IL 60602
Telephone: 312.603.0916 | Fax: 312.603.4899 | Web Address: cookcountyclerk.com

EMPLOYEE PERSONNEL FORM (PLEASE PRINT)

EMPLOYEE STATUS & CONTACT INFORMATION (SECTION I)

EMPLOYEE NAME: (PLEASE PRINT BELOW)		EMPLOYEE ID NUMBER: (PLEASE PRINT BELOW)
START DATE: (PLEASE PRINT BELOW)		DATE OF BIRTH: (PLEASE PRINT BELOW)
ETHNICITY [OPTIONAL]: (PLEASE PRINT BELOW)		MARITAL STATUS: (PLEASE PRINT BELOW)
EMPLOYEE MAILING ADDRESS: (PLEASE PRINT BELOW)		EMPLOYEE PHONE/BEST CONTACT NUMBER: (PLEASE PRINT BELOW)
		EMPLOYEE EMAIL ADDRESS: (PLEASE PRINT BELOW)

EMERGENCY CONTACT INFORMATION (SECTION II)

CONTACT NAME IN THE EVENT OF AN EMERGENCY: (PLEASE PRINT BELOW)	CONTACT PHONE NUMBER: (PLEASE PRINT BELOW)
CONTACT PERSON RELATIONSHIP: (PLEASE PRINT BELOW)	CONTACT EMAIL ADDRESS: (PLEASE PRINT BELOW)

RETURNING EMPLOYEE WORK HISTORY QUESTIONNAIRE (SECTION III)

ARE YOU A RETURNING ELECTION WORKER?: (YES OR NO)	ARE YOU A RETIRED COOK COUNTY EMPLOYEE?: (YES OR NO)
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF RETIREMENT: _____
ARE YOU A CURRENT COOK COUNTY EMPLOYEE?: (YES OR NO)	COOK COUNTY EMPLOYEE ID NUMBER (IF CURRENT EMPLOYEE):
<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE CONSENT STATEMENT (SECTION IV)

By signing this Employee Personnel Form, I hereby acknowledge and confirm that the above information is the accurate information concerning my personal, prior professional and existing professional employment status. Furthermore, by signing this form I am also granting the Cook County Clerk's Office ("CCCO") permission to utilize any and all contact information (for myself, or my emergency contact) for necessary or legally permitted purposes only, and will make every effort and attempt to update the CCCO should any of the above information change during the course of my employment with the office. Finally, I understand that the above information is needed to ensure proper employment processing with the CCCO.

EMPLOYEE SIGNATURE ABOVE: _____

DATE SIGNED ABOVE: _____

REVISED ON 2.7.2019