



CITY OF PORTLAND

NEW EMPLOYEE INFORMATION

I am a Preferred Worker under OAR 436-1107 (please provide copy of Preferred Worker card)

This information is for official use only. All information is confidential and will be used only in case of emergency.

Employee name (**Please list legal name exactly as it appears on Social Security Card**):

First name _____ Middle name or initial _____ Last name _____

Nickname or other name used: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____ Birth date: _____

Driver's license/ID number: _____ State: _____ Exp date: _____

Have you previously been employed by the City of Portland? Yes No

If yes, please complete: Bureau: _____ Dates: _____

Job class(es): _____

Have you been a member of the Public Employee Retirement System? Yes No

Medical provider: _____

Physician: _____ Phone: _____

In the event of illness or injury, do you have any objection to being taken to the nearest hospital? Yes No

In case of emergency evacuation of the work site, would you require assistance? Yes No

Emergency contact name: _____ Phone: _____

Relationship: _____ Alt phone: _____

Address: (Street, City, State, Zip) _____

Emergency contact name: _____ Phone: _____

Relationship: _____ Alt phone: _____

Address: (Street, City, State, Zip) _____

Employee signature _____

Date _____

THIS SHEET TO BUREAU PERSONNEL FILE