

PERSONAL DATA FORM

SMG-Colorado Convention Center

(Please print all information and sign the form when complete)

_____ **New Employee**

_____ **Current Employee**

*This form is used for personnel/payroll and insurance records only!
A "Participant Change Form" is needed in order to change your 401K record.*

SOCIAL SECURITY NUMBER _____

NAME

ADDRESS & HOME PHONE

EMERGENCY CONTACT NAME & TELEPHONE NUMBER

FOR NEW EMPLOYEES ONLY:

DATE OF BIRTH _____ **RACE** _____ **SEX** _____ **MARITAL STATUS** _____
W/B/H/A/AI M/F M/S

SPOUSE NAME _____ **DATE OF BIRTH** _____

CHILD(REN) _____
Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

EMPLOYEE SIGNATURE _____ **DATE** _____