County of Fluvanna

NEW EMPLOYEE INFORMATION SHEET

(Please print legibly or type – this is used to put your information into the system)

Department	
Start Date	
Name	
Mail Address	
Cell / Home Phone	
Social Security #	
Email (Work or personal – for pay/benefits)	
Birthday	
Emergency Contact	
Relationship	
Phone	

HOW DID YOU LEARN ABOUT YOUR JOB WITH THE COUNTY?

☐	County Web Site
☐	Newspaper Ad
☐	Employee Referral
☐	Other _____