



## City of Glendale - Human Resources Department Employee Personal Data Change Form

**Please Check One**

Salaried                       Hourly                       Former Employee                       Retired Employee

**Legal/Primary Name (As it appears on Social Security Card)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

**Marital Status**

Single                       Married                       Divorced  
 Registered Domestic Partner                       Widow/ Widower                       Legally Separated

Effective Date: \_\_\_\_\_

**Military Status**

No Military Service     Veteran                       Active Reserve  
 Inactive Reserve     Active Duty                      **Effective Date:** \_\_\_\_\_

**Disabled**

Yes     No

**Effective Date:** \_\_\_\_\_

**Educational Level (Please check one)**

Less than High School                       High School Graduate/ Equivalent                       Some College  
 Technical School                       2 Year College Degree                       Bachelor's Degree  
 Master's Degree                       Some Graduate School                       Doctorate

Effective Date: \_\_\_\_\_

**Home Address (Your physical address)**

Street Number, Street Name, & Unit: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Mailing Address (Leave blank if same as above)**

Street Number, Street Name, & Unit: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Contact Information**

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Relative of City of Glendale Employee or Council Member?**

Yes     No    Name of Employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Citizenship Status**

Authorized Alien     Citizen of the United States     Noncitizen National of the United States     Lawful Permanent Resident

Effective Date: \_\_\_\_\_

**Benefits**

Are you currently enrolled in a City plan?     Yes     No    Please Check One:     PERS     PARS

**Forward Completed Form to Human Resources**

Note: You may e-mail this form to HR by sending it from your City Outlook e-mail account to [HR@glendaleca.gov](mailto:HR@glendaleca.gov)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date