

Government of Anguilla

**Employee Personal Record**

|   |                          |   |                           |   |
|---|--------------------------|---|---------------------------|---|
| <b>NAME:</b>  |                          | <b>Employee ID #:</b>   | <b>Social Security #:</b> | <b>Medical Insurance ID #:</b>            |
| <b>Date of Birth:</b>   |                          | <b>Nationality:</b>   |                           | <b>Place of Birth:</b>                    |
| <b>Sex:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female  | <b>No. of Dependents</b> | <b>Marital Status:</b><br><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated<br><input type="checkbox"/> Widowed |                           | <b>Job Related Physical disabilities:</b> |
| <b>Pension Scheme:</b><br>Old [            ] Months of Qualifying Service<br>New [            ] Contributory Amount |                          | <b>Date Eligible:</b>   |                           | <b>Date Joined:</b>                       |

| <b>EMPLOYEE ADDRESS:</b>                    | <b>IN EMERGENCY INFORM:</b>                   |
|---|---|
| Permanent Residence (Anguilla or Overseas): | NAME: _____                                   |
|   | ADDRESS: _____<br>_____                       |
|   | TELEPHONE: _____ (Wk) _____ (Hm) _____ (Cell) |
| Postal Address:                             | NAME: _____                                   |
|   | ADDRESS: _____<br>_____                       |
|   | TELEPHONE: _____ (Wk) _____ (Hm) _____ (Cell) |

