

# THE CITY OF YUKON YEARLY EMPLOYEE DATA UPDATE 2009

(PLEASE PRINT)

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Spouse Name: \_\_\_\_\_  
Spouse Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

ANY ADDITIONAL CHANGES THROUGHOUT THE  
YEAR MUST BE REPORTED TO THE  
PERSONNEL DEPARTMENT

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## REMINDER!

Please report any changes in Life Insurance Beneficiary  
to Cindi Shivers or Tonia Wilson at City Hall