

EMPLOYEE DATA SHEET:

FT / PT / TEMP

Name: _____
(last) (first) (middle)

Mailing Address: _____

City : _____ State: _____ Zip: _____

Please check preferred contact number:

Home Phone: _____ Cell Phone: _____

Sex: Male Female

Marital Status: Single Married

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

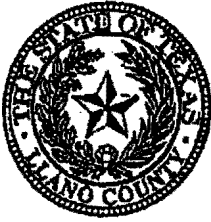
White Black Hispanic or Latino Asian

American Indian/ Native Alaskan Native Hawaiian or Pacific Islander

Emergency Contact: _____

Relationship: _____ Contact's Phone Number: _____

Family Physician: _____ Contact Number: _____



Llano County Election On Disclosure

The Sixty-ninth Legislature amended Section 3(a) (17) of Article 6252-17a, V.A.T.S. of the open Records Act to allow employees and officials of governmental bodies to choose whether or not to allow public access to the employee's or Official's home address, home telephone number, social security number, or whether the employee has family members from records in the custody of the governmental body.

It is important that every employee or Elected Official of Llano County indicate their desire on this form because this information is subject to public access if not protected.

An employee or Elected Official may choose to close or open access to this information at any time during the course of employment by notifying Human Resources.

Pursuant to Art. 6252-17A, Sec 3A (A), I elect to exclude my home address and home telephone number from records to which public access is allowed.

_____ YES _____ NO

Pursuant to HB1718, September 1995, 552 Government Code, I elect to exclude the social security number and family member information from records to which public access is allowed.

_____ YES _____ NO

Name: _____ Date: _____
(Print Name)

Signature: _____



**Llano County
Elections**

Andrea Wilson
Elections Administrator

(325) 247-5425
Fax (325) 247-5624

PUBLIC INFORMATION ACT

Under the Public Information Act, Chapter 552, Government Code, certain information concerning public employees is made confidential and other information is only made confidential if the employee involved requests that it be kept confidential. If you want your home address, home telephone number, social security number and information concerning whether or not you have family members be kept confidential, please sign, date, and return this memorandum to the county Human Resources Department. If the county does not have such a document on file and a request is received for such information, the county may have no choice but to release the information.

I CHOOSE TO **ALLOW** **DISALLOW**

I, the undersigned public employee, request information concerning my home address, home telephone number, social security number and any information concerning whether or not I have family members, be kept confidential.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____