

EMPLOYEE INFORMATION FORM

First Name	Middle Name	Last Name
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Date of Birth	SSN	Married <input type="radio"/> Not Married <input type="radio"/>	Male <input type="radio"/> Female <input type="radio"/>
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Current Home Address Line 1	Apartment #
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Current Home Address Line 2

City	State	Zip	Zip+4
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Home Phone Number	
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Position Title	Grade
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Department/Agency U.S. Department of Energy	
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Operating Administration	Office
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Work Address Line 1 1000 Independence Ave. SW	Use as Beneficiary Yes <input type="radio"/> No <input type="radio"/>
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Work Address Line 2

City Washington	State DC	Zip 20585	Zip+4
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Office Phone Number	Appointment Date	Affidavit Date
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CC;K

CLEAR FORM