

# EMPLOYEE INFORMATION FORM

First Name

Middle Name

Last Name

Date of Birth

SSN

Married   
Not Married

Male   
Female

Current Home Address Line 1

Apartment #

Current Home Address Line 2

City

State

Zip

Zip+4

Home Phone Number

Position Title

Grade

Department/Agency

**U.S. Department of Energy**

Operating Administration

Office

Work Address Line 1

**1000 Independence Ave. SW**

Use as Beneficiary Yes   
No

Work Address Line 2

City

**Washington**

State

**DC**

Zip

**20585**

Zip+4

Office Phone Number

Appointment Date

Affidavit Date