



# CALIFORNIA CAPITAL AQUATICS

PO Box 368, Roseville, CA 95678

## Personnel Data Form

TO BE COMPLETED BY HEAD COACH	
Employee Name _____	Start of Work Date _____
FT/PT/Seasonal _____	Dept: CCA/SW _____
Hourly Rate or Annual Salary _____	Rate Change Date _____

Employee Name (Please provide copy of Driver's License/Gov't ID and Social Security Card)		
Current or _____	_____	_____
Change to: <i>Last</i>	<i>First</i>	<i>Middle initial</i>

Address		
Address: _____		
<i>Street</i>		<i>Apt Number</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Phone Number / Email Change	
Current or New Phone:	_____
	<i>Home</i> <i>Cell</i>
Current or New Email:	_____ @ _____
Email for <input type="checkbox"/> Employee Contact or <input type="checkbox"/> Paystub Access or <input type="checkbox"/> Both	



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## Emergency Contact

### Primary:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Daytime  
Phone*

\_\_\_\_\_  
*Evening  
Phone*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip code*

### Secondary:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Daytime  
Phone*

\_\_\_\_\_  
*Evening  
Phone*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip code*

## Employee Signature

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*



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