

## EMPLOYEE DATA

New Employee       Update

**PLEASE PRINT ALL INFORMATION:**

Dr.    Mr.    Mrs.    Miss    Ms.

Name \_\_\_\_\_  
FIRST                                  MIDDLE INITIAL                                  LAST

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_

Municipality \_\_\_\_\_  Twp.    Boro    City

Previous payment of/or claiming exemption from local services tax:

Yes (If yes, must attach LST Exemption Form)    No

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary phone (\_\_\_\_\_) \_\_\_\_\_      Secondary phone (\_\_\_\_\_) \_\_\_\_\_

**SEX** \_\_\_\_\_ Female  
                  \_\_\_\_\_ Male

**ETHNICITY** \_\_\_\_\_ Hispanic/Latino  
 (check one)      \_\_\_\_\_ Not Hispanic/Latino

**RACE** \_\_\_\_\_ American Indian or Alaskan Native  
 (check all that apply) \_\_\_\_\_ Asian  
                  \_\_\_\_\_ Black or African American  
                  \_\_\_\_\_ Native Hawaiian or  
                  \_\_\_\_\_ Other Pacific Islander  
                  \_\_\_\_\_ White

**MARITAL STATUS** \_\_\_\_\_ Single  
                  \_\_\_\_\_ Married  
                  \_\_\_\_\_ Life Partner

**HIGHEST DEGREE** \_\_\_\_\_ **YEAR** \_\_\_\_\_

Are you a U.S. citizen?    Yes    No

If not, classification of VISA \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE    DATE