

## 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