

## Employee Information

Full Name:

\_\_\_\_\_ *Last, First, M.I.* \_\_\_\_\_ *Maiden Name*

Address:

\_\_\_\_\_ *Street Address1* \_\_\_\_\_ *Street Address2*

\_\_\_\_\_ *City, State, Zip Code*

Home Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Birth Date:

\_\_\_\_\_

Gender:

\_\_\_\_\_

Marital Status:

\_\_\_\_\_

Race:

Am. Ind./Alaska Native

Black/African American

White

Asian

Hawaiian/Pac. Islander

Ethnicity:

Hispanic

SSN:

\_\_\_\_\_

Have you ever worked for a school entity (public school districts of any class, intermediate units, and area vocational technical school) and earned compensation in Pennsylvania before July 1, 1994? YES  NO

### PSERS INFO:

**Have you ever** or are you **currently** working for a school entity in PA under PSERS?

YES

NO

Are you currently a PSERS annuitant and receiving a monthly pension payment?

YES

NO

## Job Information

Position

\_\_\_\_\_

Location (Base)

Supervisor

\_\_\_\_\_

First Day

## Emergency Contact Information

Full Name:

\_\_\_\_\_ *Last, First, M.I.* \_\_\_\_\_ *Relationship*

Address:

\_\_\_\_\_ *Street Address1* \_\_\_\_\_ *Street Address2*

\_\_\_\_\_ *City, State, Zip Code*

Primary Phone:

\_\_\_\_\_

Alternate Phone:

\_\_\_\_\_

**Please Note: In the case of a medical emergency, the emergency contact listed above will be communicated with.**