

COMPLETE THIS FORM FOR ALL NEW HIRES **AND** TO REPORT ANY CHANGES
RETURN COMPLETED FORM TO HUMAN RESOURCES

New Hire _____ Change _____ School Name _____ Date Completed ____/____/____

EMPLOYEE NAME

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

CONTACT INFORMATION

Mailing Address _____

Town _____ State _____ Zip Code _____

Physical Address (if different than mailing) _____

Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact

Name _____ Relationship to you _____

Home Phone _____ Cell Phone _____

DEMOGRAPHICS

Marital Status:	Gender:	U.S. Citizen:	Race/Ethnicity: (For VT DOE reporting)
Single _____	Female _____	Yes _____	American Indian/Alaskan Native _____
Married _____	Male _____	No _____	Black or African American _____
Civil Union _____			Asian _____
Widowed _____			Hawaiian/Pacific Islander _____
Divorced _____			Hispanic or Latino _____
			White/Caucasian _____

SIGNATURE

Sign Here _____

CENTRAL OFFICE

Reviewed by:

Benefits _____ Finance _____ Date Entered in System _____