

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 INFORMATION

Last Name _____ First Name _____ Middle Initial ____ Suffix ____

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

Home Phone _____ Cell Phone _____ Email _____

ADDRESS INFORMATION

Mailing Address _____

Town _____ State _____ Zip Code _____

Physical Address (if different than mailing) _____

Town _____ State _____ Zip Code _____

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 ☐	Gender X ☐		Asian ☐
Widowed ☐			Hawaiian/Pacific Islander ☐
Divorced ☐			Hispanic or Latino ☐
			White/Caucasian ☐

SIGNATURE

Sign Here _____

CENTRAL OFFICE

Reviewed by:

Benefits _____ Finance _____ Date Entered in System _____