

___ New employee ___ Updated employee data

Clarion University of Pennsylvania
Employee Data Form
(please print or type)

Full Name: _____
Last First Middle

Date of Birth: _____

Home Address: _____
Street or Box Number

City State Zip Code County

School District for Above Address: _____

Municipality for Above Address: _____

___ Township ___ Borough ___ City

Home Phone: _____ - _____

Other Phone: _____ - _____ (other phone will not be published)

If other phone provided please indicate if cell phone: ___ Yes ___ No

Gender: ___ Male ___ Female

EEOC Data: ___ Black (not of Hispanic origin) ___ Hispanic
___ White (not of Hispanic Origin) ___ American Indian
___ Asian

Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated
___ Life Partner

Are you a U.S. Citizen? ___ Yes ___ No

If no, classification of VISA: _____

Position at Clarion University: _____

Campus Department: _____

Campus Address: _____

Campus Phone: _____

Were you ever employed with the Commonwealth in any other capacity prior to this date? ___ Yes ___ No

If Yes, list where employed and dates of service:

Have you ever been a member of any retirement system? ___ Yes ___ No

If Yes, please check system. Public School Retirement System _____
PA State Employees Retirement System _____
TIAA-Teacher Ins. & Annuity Assoc. _____

Please continue on other side

DEGREE INFORMATION

Last Degree Earned: _____ Date Earned: _____

University: _____

EMERGENCY CONTACT DATA

NAME: _____ Relationship: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ OTHER PHONE: _____

Where would you like your payroll check directed:

Department	_____
B-25 Carrier	_____
Mailed	_____

Do you wish to have your home phone number and home address listed in the campus directory? ____ Yes ____ No

Employee Signature _____
Date

*****Office of Human Resources use only*****

Campus Address: _____

Campus Phone: _____

Work Schedule: _____