

MOUNT ALOYSIUS COLLEGE ~ PERSONAL DATA FORM

Please Print or Type

| EMPLOYEE DATA | | | |
|--|--|--|----------------|
| MR./MRS./MS./MISS./DR./REV./REV. DR. (CIRCLE APPROPRIATE TITLE) | SOCIAL SECURITY #: | | |
| EMPLOYEE NAME: | DATE OF BIRTH: | | |
| HOME ADDRESS: | HOME PHONE #: | | |
| | CELL PHONE #: | | |
| CITY/STATE/ZIP: | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| COUNTY: | MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW | | |
| EMERGENCY CONTACTS | | | |
| PRIMARY (<i>Relationship _____</i>) | | SECONDARY (<i>Relationship _____</i>) | |
| Name: | Name: | | |
| Phone #: | Phone #: | | |
| Work or Cell Phone: | Work or Cell Phone: | | |
| LOCAL TAX WITHHOLDING REGULAR FULL & PART TIME EMPLOYEES ONLY | | | |
| <input type="checkbox"/> I request my local taxes be withheld for the following school district: <i>(If Penn Cambria School district, indicate Borough or Township)</i> | | School District: | |
| <input type="checkbox"/> Do not withhold local taxes | | Borough or Township for Penn Cambria SD: | |
| PAYROLL INFORMATION | | | |
| <input type="checkbox"/> CHECK | <input type="checkbox"/> Please mail my check to the above address <input type="checkbox"/> I will pick up my check in the Controller's Office | | |
| <input type="checkbox"/> DIRECT DEPOSIT <i>Regular full and part-time employees only</i> | Please complete Direct Deposit Authorization form | | |
| EDUCATION (HIGHEST DEGREE ATTAINED) | | | |
| Name of School: | | | |
| Degree: | Major: | Date Graduated (Month/Year): | |
| CREDENTIALS /LICENSURE | | | |
| <i>Complete this section only if you are a licensed professional or possess another professional certification or registration.</i> | | | |
| Description | Number | Exp. Date | State of Issue |
| Description | Number | Exp. Date | State of Issue |

New/Original

Change to Existing Data Sheet

Employee Signature

Date