

Internal Employee Data Sheet

Employee Name: _____ School/s: _____

Date of Hire: _____ Starting Date: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Home Phone Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Social Security Number: _____ Sex: _____ Date of Birth: _____

U.S Citizen: Yes No Ethnicity: _____

Filing Status: Single Married Married, but withhold at higher Single rate

Total number of allowance you are claiming: _____ Extra Withholding: _____

Emergency Contacts

Primary Emergency Contact Person:

Name: _____

Relationship: _____ Daytime Phone Number: (____) _____ - _____

Secondary Emergency Contact Person:

Name: _____

Relationship: _____ Daytime Phone Number: (____) _____ - _____

Can you perform the essential functions of the job applied for, with or without reasonable accommodations? Yes No

For Office Use Only

Hourly/Annual Rate: _____ Sick/Vacation Available: _____

Eligible for Health Insurance: Yes No Eligibility Date: _____

Contract Type: 12 Months 11 Months 10 Months