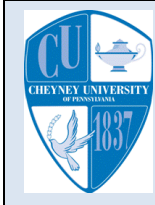


EMPLOYEE DATA INFORMATION

Access to personal information is limited to the President, Vice Presidents and HR



*******THIS SECTION MUST BE COMPLETED*******

Are you an active participant in any of the following? YES ___ NO ___

- State Employee Retirement System (SERS)
- Public School Employees Retirement System (PSERS)
- PA State System of Higher Education Alternate Retirement Plan (PASSHE ARP)

Name _____ Hire Date _____
Last First Middle Initial

Department _____ Position _____

E-Mail Address _____ Home Phone _____ Mobile Phone _____

Birth Date _____ Female ___ Male ___ Marital Status _____

Permanent Address _____
Number Street Apartment

City _____ State _____ Zip Code _____ County _____

Local Address (if different) _____
Number Street Apartment

City _____ State _____ Zip Code _____ County _____

US Citizen? Yes ___ No ___ If No: Visa Status _____ Work Permit End Date _____

If No; Country of Citizenship _____ Country of Birth _____

Primary Language: _____ Are you proficient in English? Yes ___ No ___

Disability _____ Special Requirements _____

Highest Degree Earned _____ School _____ Year _____

IN CASE OF EMERGENCY (please list at least one person)

Contact Name _____ Relationship _____ Phone Number _____

Contact Name _____ Relationship _____ Phone Number _____

Signature

Date