

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