

Office of Human Resources

EMPLOYEE INFORMATION

SOCIAL SECURITY # : _____ / _____ / _____

EMPLOYEE NAME:

First Name

Middle Initial

Last Name

MARITAL STATUS: ☐ Single ☐ Married SEX: ☐ Male ☐ Female BIRTHDATE: _____ / _____ / _____

By what first name do you prefer to be called (i.e. Peggy for Margaret, Jack for John)?: _____

MAILING ADDRESS:

Please Indicate P.O. Box or Full Street Address

PERMANENT ADDRESS:

(If different than Mailing Address or if you are using a P.O. Box)

CITY/STATE:

ZIP CODE: _____

HOME TELEPHONE: (_____) _____

CELL PHONE: (_____) _____

CAMPUS LOCATORS

SWITCHBOARD: (845) 575-3000

PUBLIC EXTENSION: _____

PRIVATE EXTENSION: _____

BUILDING: _____

ROOM: _____

DEPARTMENT NAME: _____

SUPERVISOR: _____

FAMILY INFORMATION

EMERGENCY CONTACTS

NAME: _____

SPOUSE: _____ DOB: _____ / _____ / _____

PHONE NUMBER: (_____) _____

CHILD: _____ DOB: _____ / _____ / _____

NAME: _____

CHILD: _____ DOB: _____ / _____ / _____

PHONE NUMBER: (_____) _____

CHILD: _____ DOB: _____ / _____ / _____

EDUCATION INFORMATION

EDUCATION HISTORY

(Please Indicate all degrees completed)

- ☐ High School ☐ Master's
☐ Associate's ☐ Ph.D.
☐ Bachelor's ☐ Other

HIGHEST COMPLETED EDUCATION SUMMARY

INSTITUTION: _____
DATE OF COMPLETION: _____
DISCIPLINE: _____
DEGREE COUNTRY: _____

The facts I have supplied on this form, as well as the information provided on my resume or application, are complete and accurate. I understand that if I have inaccurately represented my academic degrees, work experience or family/marital information, Marist College may terminate my employment and I will have no rights under any handbook or collective bargaining agreement. I also certify that I have never been convicted of a crime.

EMPLOYEE SIGNATURE

DATE