

**Cambridge Public Schools
NEW HIRE: EMPLOYMENT DATA FORM**

Please print the following information, writing as clearly as possible to support data and payroll accuracy.

Date of Hire: _____ **Social Security Number:** _____

Employee Name: (Last) _____ **(First)** _____ **(M)** _____

Address: _____

Email Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

School Cancellation Phone Number (number you would like to be reached at between 5:30 and 6:00 a.m.)

Date of Birth: _____ **Citizenship Status:** *U.S. Citizen?* ☐ **Yes** ☐ **No**

Place of Birth: _____
City, State, or Country of Birth

Highest Education Level: _____ **Full-time Student?** ☐ **Yes** ☐ **No**

Employee Self-Identification:

Gender: ☐ **Female** ☐ **Male**

Marital Status: ☐ **Single** ☐ **Married**

☐ **American Indian or Alaskan Native**

☐ **Asian**

☐ **Black or**

African American

☐ **Hispanic or Latino**

☐ **Native Hawaiian or Other Pacific Islander**

☐ **White**

Military Status:

☐ **Active Reserves** ☐ **Inactive Reserves** ☐ **No Military Service** ☐ **Veteran** ☐ **Vietnam Era Veteran**
(Aug 5, 1964 – May 7, 1975)

Disability: ☐ **Yes** ☐ **No**

Were you formerly, or are you currently, employed by the City of Cambridge? ☐ **Yes** ☐ **No**

Dates of employment: _____ **Department:** _____
Please notify our Payroll Department if you were contributing at a lower rate in another Massachusetts city or town.

Emergency Contact Name: _____

Relationship: _____

Home Phone Number: _____

Cell Phone Number: _____

Second Emergency Contact Name: _____

Relationship: _____

Home Phone Number: _____

Cell Phone Number: _____

I hereby certify that the above information is true and accurate:

Signature _____

Date _____

Please return this form to the Cambridge Public Schools, Office of Human Resources, 159 Thorndike Street, Cambridge, MA 02141. Thank you.