

**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: _____

Employee Name: (Last) _____ (First) _____ (M.I.) _____

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.*) _____

Social Security Number: _____

E-mail Address _____

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

Gender: Female Male Marital Status: Single Married

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

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Ethnic Group (check as many as apply):

American Indian/Alaskan Native // Asian // White // Black/African American
 Hispanic/Latino // Native Hawaiian/Pacific Islander

Military Status:

Veteran // No Military Service // Vietnam Era Veteran // Active Reserves // Inactive Reserves

Handicapped: Yes No

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

Dates of employment _____ Department _____

Are you currently or were you formerly an employee of any other Massachusetts city or town? Yes No

Name of City or Town _____ Retirement % Withheld _____

Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Additional Phone Number: _____

Second Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Additional Phone Number _____

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

Signature _____ Date _____