



Pleasantville Public Schools



HUMAN RESOURCES EMPLOYEE CONTACT FORM (PLEASE PRINT)

Employee's Name: _____
First Name Middle Initial Last Name

Mailing Address: _____
Street Address

City State Zip Code

() _____
Primary Phone Number Secondary Phone Number

/ / _____
Date of Birth Gender Social Security Number

School/Location Position/Title

Citizenship: _____ United States _____ Other Country _____

Marital Status: _____ Single _____ Married _____ Other _____

Ethnic Code: _____ White _____ Black _____ Puerto Rican _____ Cuban
_____ Asian Pacific _____ Other Hispanic

EMERGENCY CONTACT

First Name Last Name Relationship

Address: _____
Street Address City State Zip Code

() _____
Primary Phone Number Secondary Phone Number

Employee Signature: _____ Date: _____