PLEASE COMPLETE THE FOLLOWING AND RETURN TO: JOHN SENCHYSHYN, HUMAN RESOURCES DIRECTOR/ ASSISTANT TOWN ADMINISTRATOR

PERSONNEL DATA	
EMPLOYEE NUMBER:	
FIRST NAME:	
MIDDLE INITIAL:	
LAST NAME:	
SOCIAL SECURITY NUMBER:	
BIRTH DATE:	
STREET:	
CITY, STATE, AND ZIPCODE:	
HOME TELEPHONE:	
BUSINESS EXTENSION:	
ORIGINAL DATE OF HIRE/ LAST HIRE DATE:	
IN CASE OF AN EMERGENCY-	
NAME:	
STREET, CITY & ZIPCODE:	
TELEPHONE NUMBER:	
CELL PHONE NUMBER:	
RELATIONSHIP:	