

TOWN OF WRENTHAM
EMPLOYEE INFORMATION DATA

Name	_____	Social Security #	_____
	First M.I. Last		

Please complete this form. It will supply information that is necessary for your payroll file.

Present Address _____	Town _____	State _____	Zip _____
Home Phone # () _____	Work/Cell # () _____	Email _____	
Mailing Address _____	Town _____	State _____	Zip _____

Date of Birth: _____	Race: _____	Gender: [] Male [] Female	Marital Status: _____
Have you ever been employed by the Town of Wrentham before? [] Yes [] No			
If yes, give dates: From: _____ To: _____			
List any friends or relatives working for us. _____			
Department _____		Start Date _____	

In case of Emergency Notify			

1. Name	_____	Phone # (Home) ()	_____
Address	_____	Phone # (Home) ()	_____
Town	_____	Phone # (Home) ()	_____
2. Name	_____	Phone # (Home) ()	_____
Address	_____	Phone # (Home) ()	_____
Town	_____	Phone # (Home) ()	_____

Voluntary Information			

Name of Spouse: _____	Spouse date of birth _____	# Dependents _____	_____

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