



Municipality of Monroeville
Monroeville, PA 15146

Human Resources Information

Employee #: _____ **Social Security #:** _____

Employee Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: _____ **Email:** _____

Birth Date: _____ **Driver's License Number & State:** _____

Gender: Male Female Other **Marital Status:** Single Married Divorced

Ethnicity: Asian Black Caucasian Hispanic American Indian Pacific Islander

Other: _____

Emergency Contact: _____

Relationship: _____ **Cell Phone:** _____

Hire Date: _____ **Full-Time** **Part-Time** **Seasonal**

Job Title: _____ **Department:** _____

Employee Signature

Date