Loyalsock Township School District – Payroll & Benefits Office
1605 Four Mile Drive, Williamsport, PA 17701 - 570-326-6508

PERSONAL DATA FORM

☐ **New Employee** ☐ **Change Information**

Full (Legal) Name (First, Middle, Last) Suffix			Social Security Number
Address: Street City State Zip			
Home Phone Cell Phone	Birth Date	Position Applied For	
Maiden Name	Gender: ☐ Female ☐ Male	Marital Status: ☐ Single ☐ Married	
Email address	Highest Education Level	*Professionals:* PDE Professional ID	

Loyalsock Township School District seeks the following information to comply with the mandatory federal and state reporting required by the Equal Employment Opportunity Commission and the Pennsylvania Department of Education. The provided information is confidential and will be used for reporting purposes only.

Please answer both questions below to indicate your ethnicity and race.

Ethnicity – Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race. **Yes** ☐ **No** ☐

Race – *please select the categories with which you most closely identify. Check as many as apply.*

☐ **American Indian or Alaskan Native** ☐ **Asian** ☐ **Black or African American**
☐ **Native Hawaiian or Other Pacific Islander** ☐ **White**

Public School Employees Retirement System (PSERS): Prior Member? ☐Yes ☐No If yes, number of years _____

Emergency Contact Information

Primary Contact	Relationship	Phone Alt. Phone
Secondary Contact	Relationship	Phone Alt. Phone

Required

_____ _____
Employee Signature Date