

Millersville University

EMPLOYEE INFORMATION FORM

INSTRUCTIONS: Type or print legibly in INK; form must be completed and signed before payroll processing begins.

LAST NAME, FIRST MIDDLE (As it appears on your Social Security Card)		PRIMARY (HOME PHONE)	
	()		Check if Cell <input type="checkbox"/>
LAST NAME, FIRST M.I. (Preferred name for directory, email and/or website)		SECONDARY PHONE (OPTIONAL)	
	()		Check if Cell <input type="checkbox"/>
STREET ADDRESS			
CITY	STATE	ZIP	COUNTY

MARITAL STATUS: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated				
MILITARY STATUS: ___ NA ___ Active ___ Disabled Veteran ___ Inactive ___ Inactive Reserve ___ On Call ___ Reserve ___ Retired ___ Vietnam Veteran Discharge Date: _____				
VETERAN STATUS: ___ Non-Veteran ___ Special Disabled Veteran ___ Vietnam-Era Veteran ___ Other Protected Veteran ___ Recently Separated Veteran ___ Armed Forces Service Medal Veteran ___ Disabled Veteran				

I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND COMPLETE:

SIGNATURE	DATE