



HARCUM COLLEGE

EMPLOYEE DATA

Employee Name: _____ Date of Hire: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ Home Phone/Cell Phone: _____

EQUAL EMPLOYMENT OPPORTUNITY DATA

- | | | | | |
|-------------------------|--|---------------------------------|---------------------------------------|--------------------------|
| SEX: | RACE: | MARITAL STATUS: | POSITION: _____ | DEPARTMENT: _____ |
| <input type="radio"/> M | <input type="radio"/> African-American | <input type="radio"/> Single | <input type="radio"/> Executive | Email: _____ |
| <input type="radio"/> F | <input type="radio"/> American-Indian | <input type="radio"/> Married | <input type="radio"/> Professional | |
| | <input type="radio"/> Asian | <input type="radio"/> Divorced | <input type="radio"/> Service/Support | |
| | <input type="radio"/> Caucasian | <input type="radio"/> Separated | <input type="radio"/> Faculty | |
| | <input type="radio"/> Hispanic | | <input type="radio"/> Adjunct | |
| | <input type="radio"/> Other: _____ | | <input type="radio"/> Work Study | |
- 1 Are you a citizen of the United States of America? Yes No
- 2 Do you have the legal right to remain permanently in the United States of America? Yes No
- 3 If "no", please list your Green Card number: _____

PHYSICAL AND MEDICAL DATA

Describe your general health: Excellent Good Average Fair Poor

Do you have any physical/mental conditions which may limit your ability to perform certain types of work? If so, please describe: _____

DIRECT DEPOSIT

Do you wish to participate in Direct Deposit: **YES NO** (If no you will receive a live check or pay card)

Is this a New Account or Change of Account: **NEW CHANGE**

Is this Checking or Savings: **CHECKING SAVINGS**

I would like for my wages/salary to be deposited to the following:

BANK NAME: _____ **ACCOUNT#:** _____ **ROUTING#:** _____

****Please attach a voided check or bank letter which includes your name, bank routing number and account number****

Employee Signature: _____ Date: _____

Please contact payroll 10 days prior to the pay date with any bank account changes to ensure accurate processing

HARCUM COLLEGE CONSENT FOR REFERENCES AND BACKGROUND CHECKS

I recognize that any offer of employment to me by Harcum College is conditional upon my successfully passing reference and background screenings. I understand that Harcum College shall conduct pre-employment reference and background checks thoroughly and within the confines of all applicable state and federal laws.

In consideration on the College's review of my application for employment, I hereby release any individual entity and Harcum College from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims or defamation or invasion of privacy.

I hereby voluntarily consent to and authorize Harcum College, or its authorized representative bearing this release or copy thereof in connection with my application for employment with Harcum College, to obtain a consumer report of employment purposes including:

- | | | | | | | |
|--|--|---|---|---|--|---|
| <input checked="" type="checkbox"/> Criminal History | <input checked="" type="checkbox"/> Department of Motor Vehicles | <input checked="" type="checkbox"/> Certification & Licensure | <input checked="" type="checkbox"/> Employment Checks | <input checked="" type="checkbox"/> Employment Checks | <input checked="" type="checkbox"/> Reference Checks | <input checked="" type="checkbox"/> Verification of SS# |
|--|--|---|---|---|--|---|

I authorize all persons who may have information relevant to this research to disclose such information to Harcum College, or its agents, and I hereby release all persons from liability on account of true and accurate disclosure. I hereby further authorize that a photocopy of the authorization be considered as valid as the original. Should there be any questions as to the validity of this release you may contact me as indicated below:

Signature of Applicant _____

Maiden Name, if applicable _____

Printed Name _____

Social Security Number _____

Street Address _____

Date of Birth _____

City, State, Zip Code _____ County _____ Municipality (twp/borough) _____

Driver's License Number and State _____

Home Phone/Cell Phone Number _____

Date Signed _____