



NEW EMPLOYEE INFORMATION SHEET

(Please print all information)

The following information is requested of new employees to Montclair State University and will be kept confidential in the Division of Human Resources.

EMPLOYEE PERSONAL INFORMATION

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: () _____ - _____ Alternate or Cell phone: () _____ - _____ [Optional]

[Optional] Personal E-Mail Address (Other than MSU): _____

MSU EMPLOYMENT INFORMATION

Job Title: _____

Position Classification: ___ Classified/Civil Service ___ Unclassified/Unit Professional ___ Faculty ___ Managerial

Department: _____

Department Location/Building: _____ Room: _____

Office or Secretary's Campus Telephone Extension: _____

PRIOR EMPLOYMENT INFORMATION

Have you ever worked for a New Jersey State Agency, State College or State University? ___ Yes ___ No

If yes, please provide the name of the organization _____

Position Title: _____ ___ Part-time or ___ Full-time

Dates of employment: From (date): _____ To (date): _____

Please note: If you were previously employed by a participating agency in the State of New Jersey, any unused sick leave is transferable to MSU. Please contact your former employer and ask them to fax this information to the Payroll Department at 973-655-7140.

FOR HR PURPOSES ONLY

CWID: _____