

# SARAH LAWRENCE COLLEGE

## EMPLOYEE PROFILE

PRINT FULL LEGAL NAME:

\_\_\_\_\_  
First Middle Last

CAMPUS NAME (If Applicable):

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date Of Birth (MM/DD/YYYY)

HOME ADDRESS:

\_\_\_\_\_  
Street address Apt/ Suite/ Room Cell/ Mobile:

\_\_\_\_\_  
City State Zip Home Phone:

GENDER:  Male  Female  Other: \_\_\_\_\_

MARITAL STATUS:  Single  Married  Other: \_\_\_\_\_

FORMER SLC STUDENT:  Yes  No

PREVIOUS SLC RELATIONSHIP:  Yes  No

SLC ID #: \_\_\_\_\_

SLC ID #: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP:

Spouse  Domestic Partner

Parent (Mother/ Father)

Sibling (Brother/ Sister)

Other:

\_\_\_\_\_  
Street address Apt/ Suite/ Room

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Cell/ Mobile Work Home

\_\_\_\_\_  
TITLE/ POSITION

\_\_\_\_\_  
DEPARTMENT

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE