

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: _____

Street address

Apt/ Suite/ Room

RELATIONSHIP:

Spouse Domestic Partner

Parent (Mother/ Father)

Sibling (Brother/ Sister)

Other:

City

State

Zip

Cell/ Mobile

Work

Home

TITLE/ POSITION

DEPARTMENT

EMPLOYEE SIGNATURE

DATE