

# TOWN OF SOMERS

<b>Employee/Volunteer Record</b>						
Last Name			First Name		Middle	
Street No. and name						
City, State, Zip						
Home Phone			Mobile Phone			
E-Mail address						
Social Security	~ N/A ~		Date of Birth			
<b>IN CASE OF EMERGENCY, PLEASE NOTIFY:</b>						
Name				Relationship		
Street						
City, State, Zip						
Home Phone		Work Phone		Mobile Phone		
Director Approval			Selectman Approval			
Date:			Date:			
Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Educational Co-Op	<input type="checkbox"/> Not an employee
Volunteer Status	<input type="checkbox"/> Stipend Eligible		<input type="checkbox"/> Not Stipend Eligible/unpaid		<input type="checkbox"/> Appointed	
Position Title			Hire Date:	Department		
Scheduled Wkly Hrs						
Rate of Pay						