



Saucon Valley School District

2097 Polk Valley Road
Hellertown, PA 18055-2400

District Office Phone: 610-838-7026
Business Office Phone: 610-838-7028

Fax: 610-838-6419
Fax: 610-838-6661

EMPLOYEE INFORMATION FORM (PLEASE PRINT CLEARLY)

Date: _____

Full Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Local Taxing Authority: _____
(Name of City, Borough, Township – where Local 1% Tax should be remitted)

Home Phone Number: _____

Date of Birth: _____

Marital Status: Single Married Divorced Widowed

Race: White – not of Hispanic origin American Indian or Alaskan Native
 Asian or Pacific Islander Black – not of Hispanic origin Hispanic

Start Date: _____ . Position: _____

Location: Elementary Middle School Senior High
 Athletic Department District Support/Other _____

Certified Areas: _____
(if applicable) _____

In Case of Emergency:

Name: _____ Relationship: _____

Phone Number: _____