



Off-Campus Programs

# Temporary Employee Data Sheet

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*Last First Middle Initial*

Current Local Address: \_\_\_\_\_  
*Number & Street City State Zip Code*

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years of age:  Yes  No  
If no, do you have a work permit:  Yes (attach copy)  No (permit required)

Have you ever been convicted of a felony?  Yes  No  
If yes, indicate charges on which you were convicted: \_\_\_\_\_

Have you ever been employed by CMU before?  Yes  No  
If yes, which department? \_\_\_\_\_ Dates worked: \_\_\_\_\_

## List Most Current Work Experience:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address*

Date Hired: \_\_\_\_\_ Date Left: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
*Month & Year Month & Year*

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## IN CASE OF EMERGENCY, NOTIFY:

\_\_\_\_\_  
*Name Address*

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I certify that the above information is true to the best of my knowledge. I also understand that this information may be verified and any misrepresentation of facts may be considered cause for dismissal regardless of when discovered by the university.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_