TOWN OF MAYNARD
Personnel Data Sheet

Employee's Full Name: _____

Department: _____

Full Time / Part Time   Start Date: _____

Social Security #: _____

Marital Status: _____

Date of Birth: _____

Street Address: _____

PO Box: _____

City, State & Zip Code: _____

Home/Cell Phone #: _____

Email Address: _____

Emergency Contact Name & Phone #:

_____