



Town of Wrentham  
Human Resources Office  
79 South Street  
Wrentham, MA 02093  
Phone: 508-384-5448

### EMPLOYEE DATA FORM

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

**Please type or print all information clearly.**

Name: _____			Social Security Number: _____	
First	Middle	Last		
Preferred Name _____			Department: _____	
Present Address _____			Town _____	State _____ Zip _____
Date of Birth _____	Race _____	Gender: _____	Marital Status: _____	

*Home Phone: _____	<input type="checkbox"/> <i>Decline to have on file</i>
*Cell Phone: _____	<input type="checkbox"/> <i>Decline to have on file</i>
*Email Address _____	<input type="checkbox"/> <i>Decline to have on file</i>
*In accordance with Chapter 73 of the Acts of 2019 adopted by the Commonwealth of Massachusetts, the Town must provide this information to your union if it is on file with the employer.	

Have you ever been employed by the Town of Wrentham before? [ ] Yes [ ] No	
If yes, give dates	From _____ To _____
List any friends or relatives working for us: _____	

### EMERGENCY CONTACT INFORMATION

In case of Emergency Notify	
1. Name _____	Phone No. (Home) _____
Address _____	Phone No. (Work) _____
Town _____	Phone No. (Cell) _____
2. Name _____	Phone No. (Home) _____
Address _____	Phone No. (Work) _____
Town _____	Phone No. (Cell) _____



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#### RACE/ETHNICITY

If you choose not to self-identify your race/ethnicity at this time, the federal government requires the Town of Wrentham to determine this information by visual survey and/or other available information.

Please check one of the descriptions below corresponding to the ethnic group with which you identify:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>HISPANIC OR LATINO</b>        | <input type="checkbox"/> <b>WHITE (NOT HISPANIC OR LATINO)</b>      |
| <input type="checkbox"/> <b>BLACK OR AFRICAN AMERICAN</b> | <input type="checkbox"/> <b>NATIVE HAWAIIAN OR PACIFIC ISLANDER</b> |
| <input type="checkbox"/> <b>ASIAN</b>                     | <input type="checkbox"/> <b>NATIVE AMERICAN</b>                     |
| <input type="checkbox"/> <b>TWO OR MORE RACES</b>         | <input type="checkbox"/> <b>I DO NOT WISH TO DISCLOSE</b>           |