SOUTH WILLIAMSPORT AREA SCHOOL DISTRICT

PAYROLL INFORMATION

Name:	SS#:					
Address:						
City/State/Zip:						
Phone #: Da	t: Date of Birth:					
EMERGENCY CONTAC	T INFORM	ATION				
Name:						
Phone #:						
Relationship:						
ACT 29 INFOR	RMATON					
Have you previously been employed by a Pennsylvania School District, Intermediate Unit, or Vocational School prior to July 1, 1994? (Circle One) YES NO						
PUBLIC SCHOOL EMPLOYEES' RETIREME	NT SYSTEN	/I (PSER	S) INFC	RMATI	ON	
Are you currently a member of PSERS? (Circle One) YES		YES		NO		
If yes, what membership class? (Circle One)	T-C	T-D	T-E	T-F		
ETHNICITY AI (Information needed for PA Department of temporary employees, i.e. substitut	Education	•	0.	•	ed for	
Are you Hispanic or Latino? (Circle One)	YES		NO			
 What is your race? (Check all that apply) Asian Black or African American American Indian or Alaska Native Native Hawaiian/Other Pac Islander White 						