

BULFINCH TEMPORARY SERVICE EMPLOYEE DATA FORM

The information collected on this form is treated as highly confidential. Your cooperation in completing the data is appreciated.

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

IMPORTANT: Name provided above must be written as it appears on your Social Security Card.

HOME ADDRESS: _____ APT./UNIT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

Until mandatory Direct Deposit takes effect checks are mailed to the home address provided on this document

Check here if your HOME ADDRESS and ADDRESS YOU ARE RESIDING AT WHILE EMPLOYED WITH US are the same:

ADDRESS YOU ARE RESIDING AT WHILE EMPLOYED WITH US: _____

APT./UNIT # _____ CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE: _____ OTHER PHONE: _____ Cell Work Other: _____

EMAIL ADDRESS: _____

This address may be used for future correspondence. Please make sure you check it regularly.

DATE OF BIRTH (MM/DD/YY): ____/____/____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

GENDER: Male Female

MARITAL STATUS: Single Married Divorced Widowed MAIDEN NAME: _____

ETHNIC BACKGROUND

This information is used for statistical purposes.

- American Indian or Alaskan Native
- Asian
- Black (African American)
- Hispanic/Latino
- White (non-Hispanic)
- Native Hawaiian/Pacific Islander

EDUCATION LEVEL

Indicate the highest level completed.

- Less than High School Graduate
- High School Graduate or Equivalent
- Some College
- Technical School
- 2-Year College Degree
- Bachelor's Level Degree
- Some Graduate School
- Master's Level Degree
- Doctorate (Academic)
- Doctorate (Professional)

REFERRAL SOURCE

How did you hear about us?

- Community Based Agency: _____
- Employee Referral
- I'm a Former Employee
- PCWD Intern
- Internet – MGH/Website
- Internet – Other
- Social Media Facebook LinkedIn
- Job Fair – Name _____
- Open House
- School Recruiting
- Walk-In
- Other Source: _____

Anticipated IHP Graduation Date (if applicable): _____

Have you ever been employed by a Mass General Brigham (formerly Partners HealthCare) Affiliate? No Yes

Which location? _____ Dates: _____

Are you authorized to work in the United States? No Yes (Appropriate unexpired documentation is required at time of hire appointment.)

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City/State/Zip: _____