

# 61st Street Service Corporation

14 East 60th Street, New York, NY 10022  
212-326-8462

For Office Use Only	
COMPANY CODE	_____
DEPT #	_____
POSITION	_____
POS NO.	_____

## PERSONNEL RECORD

1. Personal Information					
Last Name		First Name		Middle Name	
Single <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth		Social Security #	New Hire <input type="checkbox"/>
Married <input type="checkbox"/>	Female <input type="checkbox"/>	Mo.	Day	Yr.	Re-Hire <input type="checkbox"/>
Separated <input type="checkbox"/>		-	-	-	For Rehire: Previous Dept.
Widowed <input type="checkbox"/>					
Divorced <input type="checkbox"/>					
<b>61st Street Service Corporation is an equal opportunity employer</b>					
<b>Race/Ethnicity</b>		Two or more Races <input type="checkbox"/>		U.S. Citizen? <input type="checkbox"/>	
White (not Hispanic or Latino) <input type="checkbox"/>	Black or African American <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>		Permanent Resident? Y <input type="checkbox"/> N <input type="checkbox"/>	
Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>		Alien # A _____	
<b>2. Spouse Information</b>					
Last Name		First Name		Date of Birth	Gender
				Mo. Day Yr.	
<b>3. Dependant Information</b>					
Number of Dependants		Date of Birth	Gender	Relation	Social Security #
Name of Dependant 1		Mo. Day Yr.			- -
Name of Dependant 2		Mo. Day Yr.			- -
Name of Dependant 3		Mo. Day Yr.			- -
Name of Dependant 4		Mo. Day Yr.			- -
Name of Dependant 5		Mo. Day Yr.			- -
<b>4. Residence Address</b>					
Street Address		Apt. No.	<b>Please check One</b>		
			NYC Resident <input type="checkbox"/>		
City	State	Zip Code	NYC Non Resident <input type="checkbox"/>		Home Phone
			Yonkers Resident <input type="checkbox"/>		( ) -
<b>5. Legal or Mailing Address if different from above</b>					
Street Address		Apt. No.			
City	State	Zip Code	Phone		
			( ) -		
<b>6. Employee Status</b>					
Date of Hire	Department/ Location		Work Phone	Full-Time <input type="checkbox"/>	Casual <input type="checkbox"/>
/ /			( ) -	PTR <input type="checkbox"/>	
Supervisor		Your Appointed Position		Professional License? Yes <input type="checkbox"/>	Liability Insurance? Yes <input type="checkbox"/>
				No <input type="checkbox"/>	No <input type="checkbox"/>
Starting Salary/ Rate		Regular Hours		Type of Prof. License	Liability Carrier
Annual	Hourly			License Expiration Date	Liability Expiration Date
				Mo. Day Yr.	Mo. Day Yr.

