

**Manhattan School of Music  
Personnel Information Form  
CONFIDENTIAL**



<b>Personal Information</b>		
Last Name	First Name	Middle
Birth Date		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address		City, State, Zip
Home Telephone	Mobile Telephone	E-mail address
Signature		Date
<b>Emergency Contact Information – CONTACT #1</b>		
Last Name	First Name	Relationship
Home Telephone	Work Telephone	Mobile Telephone
<b>Emergency Contact Information – CONTACT #2</b>		
Last Name	First Name	Relationship
Home Telephone	Work Telephone	Mobile Telephone
<b>Medical Information</b>		
Medical Conditions		
Medications		
Allergies		
Other Information		
Mobility Limitations		
Physician Name	Telephone	Blood Type

The information provided is confidential. One copy of this form will be kept in your personnel file and another copy secured by the Security Desk, which may be shared with emergency personnel if needed. Emergency

contact information will be given to your departmental supervisor. Please complete the form and return to the Coordinator of Payroll and Benefits in Room 005. Any changes should be reported without delay.

