

TOWN OF LYNNFIELD

EMPLOYEE CENSUS

NAME _____ SEX: M ___ F ___

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL: _____

PHONE _____ CELL PHONE _____

* * * * *

EMPLOYMENT DATE _____

DEPARTMENT _____

EMPLOYMENT STATUS: PERMANENT _____ TEMPORARY _____

FULL TIME _____ PART-TIME _____ PROVISIONAL _____

UNION MEMBER: YES _____ NO _____

ARE YOU RECEIVING A PENSION OR RETIREMENT ALLOWANCE FROM
THE COMMONWEALTH OR FROM ANY COUNTRY, CITY, TOWN, OR
DISTRICT?

YES _____ NO _____

PLEASE LIST WHAT RETIREMENT SYSTEM _____

* * * * *

IN CASE OF EMERGENCY, NOTIFY _____

RELATIONSHIP _____ PHONE # _____

SIGNATURE _____ DATE _____