



DEPARTMENT OF HUMAN RESOURCES

o. (201) 684-7506 | f. (201) 684-7508
e: hr@ramapo.edu | ramapo.edu/hr

Date: _____

Subject: Non-Employee/Volunteer Forms

From: Human Resources/Manager of Workforce Planning

Employee Information and Verification

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street Number and Name) (Apt #)

City: _____ State: _____ Zip Code: _____

Maiden Name: _____ Email: _____

Phone Number: _____

Date of Birth: _____ Social Security: _____

I attest, under penalty of perjury that I am (Check one of the following):

- A citizen or national of the United States
- A lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Signature: _____ Date: _____