



PEOPLE OPERATIONS & EMPLOYEE RESOURCES DEPARTMENT

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Date: _____

Subject: Non-Employee/Volunteer Forms

From: People Operations & Employee Resources Department

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: _____

