

**CRANBERRY TOWNSHIP**  
**NEW EMPLOYEE INFORMATION/CHANGE OF STATUS FORM**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Municipality you reside in (what Twp. or Borough): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: **Please check one:**     Single     Married

Do you want to file for an exemption from the **Local Services Tax (LST)**? **Please check one:**     Yes\*     No

\*If YES, please complete the Local Services Tax-Exemption Certificate. If you have another employer withholding the tax, you must also submit a copy of your last pay stub from the current year or a copy of your W-2 from last year showing it is being withheld. Or if this is your first job and you will be making less than \$12,000 this year, indicate "FIRST JOB" on the front of the Tax-Exemption Certificate.

**Emergency Contact Information – In case of an emergency, notify:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I acknowledge that I must notify HR immediately if any of my personal information changes, including phone number, email address, mailing address, or a name change. I also acknowledge the selections that I made for federal tax withholdings (on the W-4 Form), Local Services Tax (LST) withholdings, and Direct Deposit will remain unchanged unless I specifically request changes by HR in the future.

**Please check one:**     Yes     No

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Badge Bar Code #\_\_\_\_\_ (HUMAN RESOURCES TO COMPLETE)