

SCHOOL LOCATION _____

POSITION _____

EMPLOYEE INFORMATION SHEET

FULL NAME _____

ADDRESS _____

HOME/CEL PHONE (PRIMARY) _____

SECONDARY PHONE (OPTIONAL) _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

The following information will assist in providing statistical information to the government.

RACE (Please check one)

American Indian _____

Asian or Pacific Islander _____

Hispanic _____

Black, not of Hispanic origin _____

White, Not of Hispanic origin _____

Other _____

SEX: ___ M ___ F

MARITAL STATUS: ___ SINGLE ___ MARRIED ___ DIVORCED ___ SEPARATED ___ WIDOWED

CURRENT EMAIL ADDRESS: _____