

West Jefferson School District #253

EMPLOYEE INFORMATION SHEET

NAME _____

SOCIAL SECURITY # _____

BIRTH DATE _____

TELEPHONE #'s _____

MAILING ADDRESS _____

CERTIFIED EMPLOYEES ONLY

EDUCATION:

Initial Certification Year _____

Initial Certification State _____

Initial Degree (BA/BS) _____

Institution of Certification _____

Initial Certification Major/Minor _____

Additional Credits or Degree _____

If Additional Degree - Date _____

Last Transcript Year _____

HISTORY OF TEACHING EXPERIENCE:

Years Teaching in State _____

Years Teaching Out of State _____

Years Teaching Non Public _____

<i>FOR PAYROLL USE</i>	
EDUID#	_____
PAYROLL#	_____