

WEST JEFFERSON SCHOOL DISTRICT #253
Classified Employee Information Sheet

NAME _____

SOCIAL SECURITY # _____

BIRTH DATE _____

TELEPHONE(S) # _____

ADDRESS _____
Street & PO Box

_____ *City/State/Zip*

GENDER _____ RACE _____

FIRST DAY OF EMPLOYMENT _____

POSITION _____ SCHOOL _____

FULL TIME _____ PART TIME _____ # OF HOURS _____

FORMS:

FINGERPRINTING	_____	
W4	_____	
I9	_____	
ID (SS & DL)	_____	
DRUG FREE POLICY	_____	
TECHNOLOGY POLICY	_____	
MEDICAL INSURANCE	_____	
RETIREMENT	_____	
LIFE INSURANCE	_____	

} IF OVER 30 HRS.

EDUCATION:

_____ YEAR OF HIGH SCHOOL GRADUATION

_____ # OF YEARS IN COLLEGE

_____ CERTIFICATED

_____ VERIFIED FOR STEP INCREASE

START WITH: _____ SICK DAYS _____ PERSONAL DAYS

