



Employee Information Form

Instructions: Please keep all information current by updating this form when changes occur.

New Hire/Re-Hire Change/Correction

Personal Information

SSN# _____

Full Name _____

Preferred Name _____

Previous Name _____

Address _____

Address (2) _____

City/State/Zip _____

or Township _____

School District _____

Personal E-Mail _____

Home Phone: _____ Cell Phone _____

Date of Birth: _____ Location of Birth: _____

Sex: Male Female American Citizen: Yes No

Disabled: Yes No Veteran: Yes No

Marital Status: Married Single

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White/Caucasian

Note: You may select more than one category

I am requesting that my address and telephone number be marked "Confidential" on the computer database. This means that all my information will not appear on graduation lists, honors list, etc., until I remove this authorization

Emergency Contact Information

| | First and Last Name | Relationship | Phone # |
|----------------|---------------------|--------------|---------|
| First Contact | _____ | _____ | _____ |
| Second Contact | _____ | _____ | _____ |



Employee Information Form

Advanced Education Information

Please list all degrees/certificates beyond high school diploma

| | <u>Degree</u> | <u>Major</u> | <u>College/University</u> | <u>State</u> | <u>Year</u> |
|----------------------|---------------|--------------|---------------------------|-----------------|-------------|
| First Degree | _____ | _____ | _____ | _____ | _____ |
| Second Degree | _____ | _____ | _____ | _____ | _____ |
| Third Degree | _____ | _____ | _____ | _____ | _____ |
| Higher Degree | _____ | _____ | _____ | _____ | _____ |
| Certificates(s) | _____ | _____ | _____ | Expiration Date | _____ |
| Professional License | _____ | _____ | _____ | Expiration Date | _____ |

Signature

I hereby certify that the information on this form is correct to the best of my knowledge.

Employee Signature: _____ Date: _____