

Employee Information Sheet

PLEASE PRINT

Social Security Number: _____

Salutation: _____

Last Name: _____ First: _____ Middle: _____

Lineage: _____ Alternate Name (name used): _____

Birthdate: _____ Age: _____ Hire Date: _____

Gender: Female Male

Marital Status: Married Single

Ethnicity: Asian Black Hawaiian Hispanic/Latino
 Indian/Alaskan White

Class: Certified Classified Not Applicable

Highest Certification: _____

Field Degree is in: _____

Years in District: _____ Years in State: _____ Total Years: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Notification Name: _____

Emergency Phone Number: _____

Emergency Address: _____

Physician Name: _____ Phone: _____

Hospital: _____

Emergency Notes: _____

Citizenship Status: Born Naturalized Pending Non Citizen

Place of Birth: _____