

EMPLOYEE MASTER

PLEASE PRINT IN FULL THE FOLLOWING INFORMATION

Date of Employment:	Position:	Location:
Full Time: <input type="checkbox"/>		Part Time: <input type="checkbox"/>
		Sub: <input type="checkbox"/>

Employee Number:							
Last Name:			Legal First Name:		MI:		
Street:		City:	State:	County:	Zip Code:		
Home Phone:	Cell Phone:	Number to be used for District contact: Home <input type="checkbox"/>					
		Cell <input type="checkbox"/>					
Date of Birth:		Marital Status:		Social Security Number:			
Ethnicity: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black or Hispanic <input type="checkbox"/> Caucasian not Hispanic		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		Status: <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Seasonal		Email Address:	

Emergency Contact:	Emergency Phone:	Relationship to Employee:
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Employee Signature: _____ Date: _____

Information that you provide on this form will become part of your personnel file. This information is needed to provide orderly filing and processing of all records; to provide for efficient communication with employees; and to provide summary data for state and federal reports. Failure to provide this information can result in inaccurate information in your personnel file or lack of communication in the event of an emergency involving yourself.