

Employee Information Sheet

Personal Information

Full Name: _____
Prefix First M.I. Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ **Email Address:** _____

SSN: _____ **Birthdate (MM/DD/YYYY):** _____ **Marital Status:** _____ **Tax (line 5, W-4):** _____

- Race/Ethnicity:**
- | | |
|---|--|
| <input type="checkbox"/> Caucasian
<input type="checkbox"/> Latina/o
<input type="checkbox"/> African-American/Black
<input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American/ Inuit
<input type="checkbox"/> Other
<input type="checkbox"/> Prefer Not to Disclose |
|---|--|

Gender: Male Female

Education

Diploma/Degree	Institution	State	Major/Area of Study	Year Graduated
High School				
Associate's Degree				
Bachelor's Degree				
Master's Degree				
Doctorate				

Certification Information

Type	Certification Area(s)	State	Issue Date	Expiration Date
Instructional I				
Instructional II				
Administrative				
Education Specialist				
Master's Equivalency				
Intern				
Vocational				

(For Office Use Only) Step: _____ Pay Progression: _____ List Date: _____ Rank: _____ Score: _____