

Staff Information Form

Demographic Information

SCHOOL: _____

POSITION: _____

CIRCLE ONE: MR. MRS. MISS MS.

MAIDEN NAME: _____

NAME: _____

SS #: _____

DATE OF BIRTH: ____/____/____

BIRTHPLACE: _____

ADDRESS: _____

SPOUSE'S NAME: _____

STARTING DATE: ____/____/____

HOME PHONE #: () _____

EMAIL: _____

Ethnicity/Race

The following information is requested by the Federal Government in order to monitor our compliance with various Federal civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, whether or not you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

- I do not wish to furnish this information

Ethnicity/Race/National Origin

- American Indian or Alaskan Native
- Asian
- Hispanic or Latino
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Sex

Male _____

Female _____

Emergency Information

In case of an emergency, please notify: Spouse, Parent, Baby Sitter, Day Care, etc.

NAME: _____

PHONE#: () _____

NAME: _____

PHONE#: () _____

PHYSICIAN: _____

PHONE#: () _____

LIST ANY ALLERGIES OR SPECIAL MEDICAL NEEDS:

SIGNATURE: _____

DATE: ____/____/____