



EMPLOYEE DEMOGRAPHIC FORM

NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City State Zip

Cell Phone #: _____ Home Phone #: _____

RACE AND ETHNICITY: Select one or more of the following categories to describe yourself

- American Indian or Alaskan Native Asian
 Hawaiian Native or Pacific Islander White or Caucasian
 Black or African – American

GENDER:

- Female Male

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City State Zip

Phone Number: _____ Relationship to Employee: _____

PLEASE CHECK ALL THAT APPLY:

- Previously worked for this school district
Licensed
Full Time

ADMINISTRATIVE OFFICE USE ONLY:

School Location: _____ Employee ID #: _____

Date Board Approved: _____ Hire Date: _____