

**IREDELL-STATESVILLE SCHOOLS
NEW EMPLOYEE DEMOGRAPHIC INFORMATION**

SSN: _____

Name _____
Title First Middle Last Maiden

Address _____
Street

City State Zip Code

MAILING ADDRESS (If Different from Above)

_____ Street

City State Zip Code

Phone _____ (Unlisted? Y/N) _____
Home Cell

Birthday _____
(MM/DD/YYYY)

Gender M F

_____ Emergency Contact Name _____ Phone

Are you currently in receipt of monthly benefits for Disability or Retirement through a North Carolina Local or State Agency? Y N
 If Yes, Please List Name of Agency. _____

Handicapped? Y N

Veteran? Y N

ETHNICITY: **Are you Hispanic/Latino?** Y N

And/Or are you (Please check all that apply):

Black Native Hawaiian (Or other Pacific Islander)

Asian White American Indian or Alaskan Native

POSITION(S): _____

SCHOOL/LOCATION: _____

SELECTIVE SERVICE REGISTRATION

**All males between the ages of 18 and 25 must be registered with the Selective Service.
 If you are a male between the ages of 18 and 25, please check the following:**

I verify that I am registered with the Selective Service.

_____ **EMPLOYEE SIGNATURE**

For more information, please contact Selective Service Registration, Great Lakes, IL, (847)688-6888.