

**Wakulla County School Board  
Human Resources Department  
Personal History Form**

**All paperwork must be signed exactly as your name appears on your social security card.**

Name: ( **From your social security card**) \_\_\_\_\_  
Last First Middle

**Social Security # ( last 4 digits only ):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB :** \_\_\_\_/\_\_\_\_/\_\_\_\_

In compliance with Florida Statute 119.071(5), this statement serves to notify you of the purposes collection of your social security number for WCSB HR Dept. – It is imperative for the performance of our duties and responsibilities as prescribed by law.

**Marital Status :**  Single **Gender :**  Male **Race :**  American Indian or Alaska Native  
 Married  Female  Asian  
 Black or African-American  
 Native Hawaiian or Other Pacific Islander  
 White

**Ethnicity :** Are you Hispanic/Latino?  Yes  No

**Mailing Address** \_\_\_\_\_  
(Street or P.O. Box) City State Zip

**Personal Email Address :** \_\_\_\_\_

**Home Telephone #:** \_\_\_\_\_ **Cell/Alternative Phone :** \_\_\_\_\_

**Emergency Contact Information Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Relationship :** \_\_\_\_\_

Have you previously worked for WCSB?  Yes  No  
Check all previous jobs that apply  Permanent  Substitute  Temporary  OPS

(If yes, you must fill out form WMIS PR544 – Statement of Previous Employment to receive credit for this experience. **OPS Positions and Substitute Worker – Do not fill out form – No credit given.**

**IMPORTANT NOTICE:** Many items are mailed to you at the address you provide, (i.e., W-2, health information, state retirement information, and at times, payroll or reimbursement checks). In the event you have a change of address, telephone number or emergency contact, send a completed **Update/Change Information Form** located on District Web site or in Human Resources Department. For marital status and dependent changes, you must fill out a new W-4. For name change you must provide a new social security card.