

NEW EMPLOYEE INFORMATION

*Please respond to the questions below and return this form as soon as possible to:
Human Resources or Payroll/Fiscal Specialist*

Employee Name (please print): _____
First
Middle
Last

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Sick Leave Transfer: (list school district) _____

Gender: Male Female

Date of Birth (mm/dd/yyyy): _____

1. **ETHNIC GROUP** (check either Yes or No)

Hispanic/Latino Yes No

2. **RACE CATEGORIES** (check all that apply):

	AMERICAN INDIAN/ALASKA NATIVE [I]: A person having origins in any of the original peoples of North and South America [including Central America], and who maintains tribal affiliation or community attachment.
	ASIAN [A]: A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
	BLACK OR AFRICAN AMERICAN [B]: A person having origins in any of the Black racial groups of Africa.
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER [P]: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	WHITE [W]: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Employee signature: _____ Date signed: _____