



PERSONAL DATA FORM

POSITION ASSIGNMENT: _____

Social Security Number: _____

DATE YOU BEGAN WORKING WITH IONIA PUBLIC SCHOOLS: _____

NAME: _____
Last First Initial

ADDRESS: _____

City State Zip Code

PHONE: _____ CELL PHONE: _____
(Area Code) and Number (Area Code) and Number

I prefer to be contacted by: (Circle One) LAND LINE CELL PHONE

Email Address: _____

BIRTHDAY: MONTH _____ DAY _____ YEAR _____

MARITAL STATUS: _____ Single _____ Married _____ Widowed _____ Divorced

FORMER LEGAL OR MAIDEN NAME: _____

NAME OF SPOUSE: _____
Last First

SPOUSE'S EMPLOYER: _____

SPOUSE'S EMPLOYER'S PHONE: _____

NAME(S) OF CHILDREN LIVING IN YOUR HOUSEHOLD:

(Last Name, First Name) Birthdate: _____

(Last Name, First Name) Birthdate: _____

(Last Name, First Name) Birthdate: _____

(Last Name, First Name) Birthdate: _____

In case of an emergency contact: _____
Name Relation to Employee

Emergency Phone #1: _____ Emergency Phone #2: _____