



East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

Dr. Ray Giamartino, Jr.
Superintendent of Schools
845-577.6011

Office of Personnel
845-577-6090
845-577-6156 - Fax

Mary DeSimone
Assistant Superintendent for Personnel

Employee General Information

Social Security Number: _____ - _____ - _____

Last Name: _____ First Name: _____

Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

E-Mail Address: _____

New York State Teachers' Retirement System Number: _____ Date Joined: _____

Number of Years Teaching Experience: _____

Have you been fingerprinted in NYS? Yes No

Are you a volunteer firefighter? Yes No

Ethnic Code – Please Check All That Apply (Voluntary Information)

- | | |
|---|--|
| <input type="checkbox"/> White not of Hispanic Origin | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Multi-Racial | |

Gender: Male Female Date of Birth: __/__/__

Marital Status: Single Married

Citizen of the U.S.A.? Yes No

If you are not a citizen of the U.S.A., where are you a citizen? _____

Alien Registration Number: _____

As a unified community, the East Ramapo Central School District is committed to educating the whole child by providing a healthy, safe, supportive, engaging and challenging learning environment.

Spouse or Partner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

An Emergency Contact Name and Phone Number Must Be Included:

Emergency Contact Name: _____ **Relation:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Preferred Hospital: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____

***Important*- If any of this information changes,
you must contact the Personnel Office immediately.**