Sayreville Public Schools

Human Resources Information Form

Date: **SS#:** DOB:

Last Name: **First Name:** **M.I.**

Street Address **City** **State** **Zip Code**

Phone Number: ( ) _____ - _____ ◯**Cell**◯ **Home** **Email:**

Marital Status: ☐ Single ☐ Married **Gender: ☐ M ☐ F**

***Race (used for state reporting purposes)**

(please circle one or more)

☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaska Native

☐ Asian ☐ Pacific Islander/Hawaiian ☐ Middle Eastern or North African

Emergency Contact:

Name **Relationship** **Phone Number**

Emergency Contact:

Name **Relationship** **Phone Number**

Highest Level of Education (check one):

☐ *High School or equivalent* ☐ *Associate's degree* ☐ *Bachelor's Degree* ☐ *Master's Degree*

☐ *Vocational Certificate* ☐ *Graduate Certificate* ☐ *Doctoral Degree* ☐ *Other*

Certificated Staff Only

Traditional Route: (went to college for certificate & completed Student Teaching/Internship) College or University where you received your credential (If outside NJ, please include state

Alternate Route: (program where you received/are receiving your credential (be specific as to program & location)

CURRENT CERTIFICATE NUMBER:

CURRENT CERTIFICATE HELD: (please circle)

☐ Limited CE ☐ Limited CEAS ☐ CE ☐ CEAS ☐ STANDARD

Employee Signature: