

EMPLOYEE INFORMATION SHEET

FULL NAME: _____
Last First Middle

FULL ADDRESS: _____
Street City State Zip Code

PHONE: _____ (Home) _____ (Cell)

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** ____/____/____

EMAIL ADDRESS: _____

RACE: Please Check One:

- Black
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Hispanic or Latino
- White
- Two or more races (not Hispanic or Latino)

GENDER: Please Check One:

- Female
- Male
- Non-Binary

Preferred Pronouns: _____ **Preferred Name: (If applicable)** _____

EMERGENCY CONTACT INFO:

NAME: _____ **RELATIONSHIP:** _____

PHONE NUMBER: _____ Cell Home

Are you currently collecting or contributing to Teacher's Retirement Board (TRB)?

- Yes No

EMPLOYEE SIGNATURE: _____ **DATE:** _____