

# EMPLOYEE INFORMATION SHEET

FULL NAME: \_\_\_\_\_  
Last First Middle

FULL ADDRESS: \_\_\_\_\_  
Street City State Zip Code

SOCIAL SECURITY #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_ HOME  
\_\_\_\_\_ CELL

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATION: TYPE: \_\_\_\_\_

ENDORSEMENT: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

TEACHING PAID WORK EXPERIENCE (do not include internships, student teaching, or substitute assignments):

<u>Year</u>	<u>School/Location</u>	<u>Position (include subject/grade)</u>	<u>Total Months</u>	<u>Salary</u>

EDUCATIONAL PREPARATION:

<u>School/Location</u>	<u>Dates Attended</u>	<u>Year Graduated</u>	<u>Degree</u>	<u>Credits</u>

PROFESSIONAL GROWTH (Credits in addition to degrees received):

<u>Dates</u>	<u>Institution/Location</u>	<u>Title of Course</u>	<u>Credits</u>
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List Dates of Full time Military Experience: \_\_\_\_\_

Do you speak or understand any foreign languages? Please list: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_