

New Employee Form

Employee ID #: _____

Print Legal Name: _____
Last First MI

Previous Name(s): _____
Maiden Name Other Married Names(s) AKA (also known as)

Date of Birth: _____ **Sex:** Male Female
Month/day/year

Home Address: _____
Street City State/Zip County (ie: Adams, Douglas, etc)

Home Phone: _____ **Cell Phone:** _____ **Preferred:** Home Cell
Area Code/phone # Area Code/phone #

Home/Personal E-mail address: _____

Ethnicity/Race

The United States Department of Education has directed how various combinations of ethnicity/race are to be reported.

Please answer **BOTH** questions. Question 1 is about ethnicity (**origin**), not race. No matter what you select in question 1, be sure to answer question 2 describing your race.

Note: Failure to answer BOTH questions will result in use of prior racial/ ethnic data or an observer identifying for you.

1. **Ethnicity: Do you consider yourself to be of Hispanic/Latino origin? (Choose only one)**

- No. Not **Hispanic/Latino**. (PLEASE BE SURE TO ANSWER QUESTION 2)
- Yes. **Hispanic/Latino**. A person of Cuban, Mexican, Puerto Rican, Cuban, south or Central American, or other Spanish culture or origin, regardless of race. (PLEASE BE SURE TO ANSWER QUESTION 2)

2. **Race: Which of the following groups describe your race? (Choose one or more)**

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Emergency Contact

Please provide an emergency contact who can be reached during **YOUR** working hours.

Print Name: _____ **Relationship:** _____
Last First

Address: _____
Street City State/Zip

Home: _____ **Work:** _____ **Cell:** _____
Area Code/phone # Area Code/phone # Area Code/phone #

New Employee Form

(Page 2)

Prior Employment

Current/Previous Employer's Name: _____ State: _____

Dates employed: From (month/year) _____ To (month/year) _____

Job Title: _____

Previous Employer's Name: _____ State: _____

Dates employed: From (month/year) _____ To (month/year) _____

Job Title: _____

Formal Education

| <i>EXAMPLE of Education Level</i> | | | | |
|-----------------------------------|-----------------------------|--|-------|-----------------------------------|
| Level | Type | | Level | Type |
| NG | Non-High School Graduate | | BS | Bachelor of Science |
| HS | High School Graduate or GED | | MA | Master of Arts |
| TS | Trade School Graduate | | MBA | Master of Business Administration |
| AA | Associate of Arts | | MED | Master of Education |
| BA | Bachelor of Arts | | MS | Master of Science |

Highest Education Level:

Type of Degree Attained: _____ Major Subject: _____

School Name: _____ State: _____ Last Year Attended: _____

Second Highest Education Level:

Type of Degree Attained: _____ Major Subject: _____

School Name: _____ State: _____ Last Year Attended: _____

Your employment with Adams 12 Five Star Schools is expressly contingent on final approval by the Board of Education. If the Board approves the recommendation for hire, the person shall be employed to fill the vacancy effective the date the Human Resource Department authorized the person temporarily to begin employment. If the Board of Education does not approve the recommendation for hire, your temporary appointment by the Human Resource Department shall end on the date of the Board's disapproval.

I have completed and reviewed the above information and to the best of my knowledge, I believe this information to be correct.

As an employee of the school district, I agree to abide by all district policies, rules, and regulations as they apply to me as an employee and in the position to which I am assigned. I further understand that it is my responsibility to become familiar with said policies, rules, and regulations.

Employee Signature: _____ **Date:** _____