

EMPLOYEE PERSONAL INFORMATION

- APPLICANT (Complete sections A, B & C)
- NEW EMPLOYEE (Complete sections A, B & C)
- CURRENT EMPLOYEE (Complete section A and only areas in section B & C that have changed)

EMPLOYEE INFORMATION			
YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD			
FIRST NAME	MIDDLE	LAST	DEPARTMENT/SCHOOL
FORMER NAME (FOR NAME CHANGE ONLY). IF YOU HAVE CHANGED YOUR NAME, PLEASE ATTACH A NEW W4 AND A COPY OF YOUR NEW SOCIAL SECURITY CARD.			
EMPLOYEE ID NUMBER	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Head of Household <input type="checkbox"/> Separated	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE
HOME ADDRESS (STREET ADDRESS REQUIRED)		CITY	STATE ZIP
MAILING ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	PAGER	
E-MAIL ADDRESS 1		E-MAIL ADDRESS 2	
HIGHEST EDUCATION LEVEL	REFERRAL SOURCE <input type="checkbox"/> Career Placement <input type="checkbox"/> College Recruiting <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Job Fair <input type="checkbox"/> Job Line <input type="checkbox"/> Job Posting <input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Web Page <input type="checkbox"/> Other _____		
PREVIOUS PERS MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREVIOUS OREGON SCHOOL DISTRICT EMPLOYMENT AS A LICENSED EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACT INFORMATION			
PRIMARY CONTACT	NAME	RELATIONSHIP TO EMPLOYEE	
ADDRESS		SAME ADDRESS/HOME PHONE AS EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME PHONE	BUSINESS PHONE	CELL PHONE/PAGER	
SECONDARY CONTACT		RELATIONSHIP TO EMPLOYEE	
ADDRESS		SAME ADDRESS/HOME PHONE AS EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOME PHONE	BUSINESS PHONE	CELL PHONE/PAGER	

EMPLOYEE SIGNATURE	EFFECTIVE DATE
X	

Changes will not be made in the Human Resources System until the Effective Date you indicated above. This could affect mailings to your home. you can have your mail forwarded through the Post Office to avoid any interruption in mailings.

HUMAN RESOURCES ONLY	
Input into PeopleSoft _____	_____
Name	Date