

BOLD Public School District #2534

New Employee Sheet

Please complete your name as shown on your social security card

First Name Middle Name Last Name

Address

City State Postal code

_____-_____-_____
Social Security # ____/____/_____
Date of Birth

(____)_____-_____
Home Phone Number (____)_____-_____
Cell Phone Number

E-mail Address

Federal Race and Ethnicity:
Ethnicity: _____

- Race(s): Check at least one
- American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - White

Job Title: _____

Emergency Contact Information

Emergency Contact Name Relationship

Home (____)_____-_____
Cell (____)_____-_____

Office Use Only

Distribution of Salary: Rate of Pay: \$_____

_____-_____-_____-_____-_____- _____-_____-_____-_____-_____-