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: $________

_________________________   _________________________