



\_\_\_\_\_ High School Adjunct  
 \_\_\_\_\_ Online Supporting Teacher

S# \_\_\_\_\_  
 Dept. \_\_\_\_\_  
 Div. \_\_\_\_\_

**FULL LEGAL NAME**  
 FIRST MIDDLE LAST PREFIX/SUFFIX

\_\_\_\_\_

**PREFERRED NAME** SOCIAL SECURITY #

\_\_\_\_\_ - -

**SCHOOL EMAIL ADDRESS**

\_\_\_\_\_

**HOME ADDRESS**

STREET \_\_\_\_\_ COUNTY \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ UNLISTED?  YES  NO CELL PHONE \_\_\_\_\_

**\* GENDER \* BIRTHDATE (MM / DAY / YEAR) MARITAL STATUS**

MALE  FEMALE  
 MARRIED  SEPARATED  
 SINGLE  WIDOWED  
 DIVORCED

**\* ETHNIC GROUP \*\*PROTECTED VETERAN (if applicable)**

<input type="checkbox"/> WHITE , Non-Hispanic <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC /LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> NON RESIDENT ALIEN	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AMER INDIAN/ ALASKA NATIVE <input type="checkbox"/> RACE/ETHNICITY UNKNOWN <input type="checkbox"/> 2 OR MORE RACES, please indicate: _____	<input type="checkbox"/> ACTIVE DUTY/WAR TIME OR CAMPAIGN BADGE VETERAN <input type="checkbox"/> ARMED FORCES SERVIE MEDAL <input type="checkbox"/> VETERAN DISABLED VETERAN <input type="checkbox"/> RECENTLY SEPARATED VETERAN (Date: _____ )
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**DISABILITY**

YES  NO (If YES, Please Explain) \_\_\_\_\_

**ARE YOU A US CITIZEN STATUS**  YES  NO

IF NO, PLEASE LIST CURRENT STATUS \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_