

DATA SHEET

_____ High School Adjunct

_____ Online Supporting Teacher

S# _____

Dept. _____

Division _____

FIRST NAME	MIDDLE NAME	LAST NAME	PREFIX/ SUFFIX
PREFERRED NAME		SOCIAL SECURITY #	
HOME ADDRESS			
STREET _____		COUNTY _____	
CITY _____	STATE _____	ZIP _____	PHONE NUMBER _____
CELL PHONE _____		EMAIL ADDRESS _____	
* GENDER	* PRONOUN	* BIRTHDATE (MM / DAY / YEAR)	* MARITAL STATUS
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> I DO NOT WISH TO DISCLOSE	<input type="checkbox"/> HE/ HIM <input type="checkbox"/> THEY/THEM <input type="checkbox"/> SHE/ HER <input type="checkbox"/> _____		<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
* ETHNICITY/ RACE		**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"/> OTHER: _____	<input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> RACE/ETHNICITY UNKNOWN	<input type="checkbox"/> ACTIVE DUTY/ WAR TIME OR CAMPAIGN BADGE VETERAN <input type="checkbox"/> ARMED FORCES SERVICE MEDAL <input type="checkbox"/> VIETNAM DISABLED VETERAN <input type="checkbox"/> RECENTLY SEPARATED VETERAN (Date: _____)	
DISABILITY			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DO NOT WISH TO DISCLOSE (If YES, Please Explain) _____			
CITIZENSHIP STATUS			
<input type="checkbox"/> US CITIZEN <input type="checkbox"/> NON-CITIZEN <input type="checkbox"/> NON-PERMANENT RESIDENT <input type="checkbox"/> PERMANENT RESIDENT			
HIGHEST LEVEL OF EDUCATION			
_____ High School _____ Associate _____ Bachelor _____ Master _____ Master + _____ _____ Doctorate _____ Some College _____ Certificates: _____			

EDUCATION INFORMATION (List Highest Degree First) Please use additional paper if needed

DEGREE	MAJOR
INSTITUTION	GRAD DATE
DEGREE	MAJOR
INSTITUTION	GRAD DATE
DEGREE	MAJOR
INSTITUTION	GRAD DATE

PROFESSIONAL LICENSES AND/OR CERTIFICATES

LICENSE	ISSUE DATE
ISSUED BY	EXPIRATION DATE
LICENSE	ISSUE DATE
ISSUED BY	EXPIRATION DATE
LICENSE	ISSUE DATE
ISSUED BY	EXPIRATION DATE

Signature: _____ Date: _____