

SOUTH CENTRAL CUSD #401

School Year 2021-2022

Employee Information Form

Please complete the following information relating to your current status. Anytime this information changes please notify the unit office. This information will be kept in your personnel file should a situation arise that the district needs the information.

Name:				
	(Last Name)	(First Name)	(Middle)	
Address:				
	(Number)	(Street)	(City)	(State) (Zip Code)
Social Security #			Telephone #	()
Name & Telephone # to contact in case of Emergency (Name) _____ () _____ - _____	Emergency contact's place of employment _____			
Date of Hire:				

In case of an emergency involving you what doctor should be contacted?

Doctor: _____ Phone: _____

If above doctor is not available, what other doctor should be contacted?

Doctor: _____ Phone: _____

Are you allergic to any medications? Yes No

If yes, please list _____

Current list of Medications:

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Conditions: _____

Additional family or persons to contact in case of an emergency.

Name _____ Phone _____

Name _____ Phone _____

Employee Signature _____ Date _____