



Earlimart School District

EMERGENCY FORM

The following information is *necessary* for your personnel file. Please complete and return to the District Office. *(Complete Form in Blue or Black Ink Only)*

(Please Check) Form Update: ___New Employee ___New Emergency Information
*(Name Change and or new address also require completion of Name/Address Change Form)
 I grant full permission to release my directory information.
 I do not grant permission to release my directory information.

Name _____ Date _____

Home Address: _____

Mailing Address (if different): _____

Home Phone No. _____ Cell Phone No. _____

Personal e-mail _____

Social Security No. _____ Birthdate _____ Date Hired _____

Position _____ Last TB Test/X-Ray _____

Bilingual ___Yes ___No Language/s _____ Driver Lic. # _____

Gender: ___ Male ___ Female ___ Binary

Sexual Orientation: ___ Decline to State ___ Heterosexual ___ Homosexual ___ Bisexual

Ethnicity: Are you Hispanic or Latino? ___ Yes ___ No

Race: Check all that apply.

___ American Indian or Alaska Native ___ African American/Black ___ Asian Indian ___ Cambodian ___ Chinese
___ Filipino ___ Guamanian ___ Hawaiian ___ Japanese ___ Korean ___ Laotian
___ Other Asian ___ Other Pacific Islander ___ Samoan ___ Tahitian ___ Vietnamese ___ White/Caucasian

Member of STRS (State Teachers Retirement) ___ Yes ___ No Retiree ___ Yes ___ No

Member of PERS (Public Employees Retirement) ___ Yes ___ No Retiree ___ Yes ___ No

Have you ever received a refund from PERS/STRS? ___ Yes ___ No

IN CASE OF EMERGENCY NOTIFY

1) Name _____ Relationship _____

Phone _____ Cell Phone No. _____

Address _____

2) Name _____ Relationship _____

Phone _____ Cell Phone No. _____

Address _____

COMMENTS: *Please indicate any information concerning health issues or any issues that we might need to know.*

RECEIVED: _____ BY: _____