

# SOUTH CENTRAL CUSD #401

School Year 2023-2024

## 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 a private file should a situation arise that the district needs the information. **At the very minimum, please fill in the sections highlighted in yellow.** – Thank you

**Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle)

**Address:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Telephone #:** ( ) \_\_\_\_\_ - \_\_\_\_\_

<b>Emergency Contact Information:</b> _____ ( ) _____ - _____ (Name) (Phone #)
_____ ( ) _____ - _____ (Place of Employment) (Work #)

**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:** \_\_\_\_\_