



# HARRISBURG SCHOOL DISTRICT

## EMPLOYEE DATA FORM

### Personal Information

Last	First	M.I.
Maiden Name	Email	
Street	City/State	Zip Code
Home Phone	Cell Phone	
Date of Birth	Social Security Number	
Military Branch	Enlisted/Discharged Dates	
Rank	Veteran Status	

### Biographical Information

### Emergency Contact

<p><b>Gender</b></p> <p><input type="checkbox"/> Male                      <input type="checkbox"/> Female</p> <p><b>Marital Status</b></p> <p><input type="checkbox"/> Single                      <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Married                      <input type="checkbox"/> Widowed</p> <p><b>Residency</b></p> <p><input type="checkbox"/> US Citizen                      <input type="checkbox"/> Temporary Work</p> <p><input type="checkbox"/> Resident Alien                      Visa (provide #)</p> <p><b>Ethnicity</b></p> <p><input type="checkbox"/> White                      <input type="checkbox"/> Black</p> <p><input type="checkbox"/> Hispanic                      <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p>	<p><b>Last Name</b> _____</p> <p><b>First Name</b> _____</p> <p><b>Home #</b> _____</p> <p><b>Cell #</b> _____</p> <p><b>Work #</b> _____</p> <p><b>Relationship</b> _____</p>
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### Dependents

Spouse	Birthdate	M or F	SS #
Child	Birthdate	M or F	SS #
Child	Birthdate	M or F	SS #
Child	Birthdate	M or F	SS #
Child	Birthdate	M or F	SS #
Child	Birthdate	M or F	SS #

<b>Employee Signature</b> _____	<b>Date</b> _____
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