CERTIFIED EMPLOYEE WORKSHEET

2018-2019

Last Name _____ First Name_____ Middle _____

Social Security No. (optional) _____ Phone No. _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth: Mo_____ Day _____ Year _____

Male _____ Female _____ Marital Status: Married _____ Single _____

Email address: _____

Date Hired: _____ Position:_____

Certification: Types (Provisional, Permanent, 5 year license) of certificates held and expiration dates of the same:_____

_____

Supplemental contract for _____

Number of years employed at LCJVSD _____ Years employed in other districts _____

Total number of years taught _____ Years of military service _____

*Do you have a 5 year license? Yes_____ No _____ Years experience _____

College Degree's (type) _____ 150 hours _____ MA _____ MA + _____

EMERGENCY MEDICAL INFORMATION: In case of emergency, notify…..

Name	**Address**	**Phone Number**

Name of Physician _____ Hospital Preference _____

Do NOT write below this line. For office use only.