

PERSONAL INFORMATION

| Name | Social Security Number | |
|---|---|----------------------|
| Mailing Address | | |
| Phone Number () | Birth Date | |
| Marital Status | Spouse Name | |
| Ethnicity: Non Minority (1) Black | (2) Hispanic (3) American | Indian (4) Asian (5) |
| Are you a Citizen? Yes No | If No, Visa Type | |
| Education | Date Completed Major | School |
| High School Diploma Yes No | | |
| College 1 2 3 4 5 6 | | |
| Bachelor's Degree | | |
| Master's Degree | | |
| Doctorate Degree | | |
| Vocational School | | |
| State of Training School | | |
| Are you currently a student? Yes How many hours are you enrolled for? Will you be a student next semester? Y Are you currently employed with anoth Name of School | res No Name of School her NM school system? Yes No | |
| | | |
| Emergency Notification | N | 5 1 1. |
| Name | Phone Number | _ Relationship |
| Are/or have you been a Vendor with N If yes, provide Vendor Name | | |
| The Following Information Is Volunta | ry: | |
| Are you a Veteran? Yes No | | |
| Are you a Disabled Veteran? Yes | No If yes, give details | |
| Do you have a physical or mental impor do you have a record of such impair Yes No please give detail | ment or are you regarded as having s | such impairment? |
| EMPLOYEE SIGNATURE | | DATE |
| | | |