

EMPLOYEE NUMBER:	
NAME:	MARITAL STATUS: GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
SALUTATION: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS	HIRE DATE:
ADDRESS:	REHIRE DATE:
ADDRESS:	POSITION:
CITY: STATE: ZIP:	
Are you related by blood or marriage to any full-time employee, part-time employee, or Board of Education Member of the District? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list their name, position, building and their relationship to you. *(Please read paragraph below)	
Name: _____ Position: _____ Building: _____ *Relationship to you: _____	Name: _____ Position: _____ Building: _____ *Relationship to you: _____
Name: _____ Position: _____ Building: _____ *Relationship to you: _____	Name: _____ Position: _____ Building: _____ *Relationship to you: _____
Name: _____ Position: _____ Building: _____ *Relationship to you: _____	Name: _____ Position: _____ Building: _____ *Relationship to you: _____

*It shall be the policy for the Board of Education that all employees who are hired, promoted and/or appointed to a position within the District after the effective date of this policy, November 21, 2013, and all consultants whose term commences after the effective date of this policy, shall submit to the Office of Human Resources, as a precondition to employment, promotion, appointment or engagement, a statement in the form prescribed by the Superintendent of Schools, which statement shall provide whether the proposed employee or consultant is *related by blood or marriage to any member of the Board of Education, to any Central Office administrator or director, to any building-based administrator or supervisor or to any other full-time employee of the District.

SIGNATURE

DATE