

Human Resources Office
General Information Sheet

NAME: _____
Last First Middle

NICKNAME: _____

(As you want your name to appear in the Online Directory)

Home and/or cell phone number: _____

ETHNIC CATEGORY:

Do you consider yourself to be Hispanic or Latino?

- Yes
 No

In addition, please select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
 Asian
 Black or African America
 Native Hawaiian or Pacific Islander
 White

EMERGENCY CONTACTS *(please list at least one contact)*

Name: _____

Relationship: _____

Phone Number: _____

Name: _____

Relationship: _____

Phone Number: _____

For salaried employees only:

If contract is 10 months/year, please select a payment schedule:

- 12 month
 10 month (September – June)

** If electing benefits, your deductions will be tripled on your June paycheck to cover your lack of paychecks in July and August.*