Employee Information Contact Sheet

Spokane Public Schools
excellence for everyone

Social Security No. or Employee ID _____ **Birth Date** _____

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Former Name _____ Preferred First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ ❑ Private Cell Phone _____ ❑ Private

E-mail Address: _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Optional information regarding race, ethnic background, veteran status and disability is requested for the purpose of measuring workforce diversity, to prevent discrimination and to comply with federal/state reporting requirements. The information obtained will be kept confidential and when reported, the data will not identify any specific individual.

Sex/Age

❑ Male ❑ Female Are you over 40 years of age? ❑ Yes ❑ No

Ethnic Designation

Hispanic or Latino ❑ Yes ❑ No

Race Designation (For individuals who would select Biracial/Multiracial please mark all racial designations that apply.)

❑ Asian ❑ Black/African American ❑ Native Hawaiian/Other Pacific Islander
❑ American Indian/Alaska Native ❑ White ❑ Other _____

Are you a veteran? ❑ Yes ❑ No
❑ Disabled American Veteran
❑ Vietnam Veteran (8/05/64 - 5/07/75)
❑ Other _____

Please Note: These race/ethnic designations are consistent with federal guidelines.

Do you consider yourself a person with a disability(ies)?

For purposes of affirmative action, do you consider yourself to be a person of disability as defined by the Americans with Disabilities Act? (A person who "has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment.")

❑ Yes ❑ No

Check Disability(ies): ❑ Mental ❑ Sensory ❑ Physical ❑ None ❑ Other

Are you requesting a reasonable accomodation for a disability? ❑ Yes ❑ No

If requesting an accommodation for a disability(ies), please attach a separate sheet briefly describing the accommodation(s) and how the accommodation(s) will make possible performing the essential job functions of the job. You may also contact the Spokane Public Schools Human Resources office at (509) 354-7265 to initiate this process.

I affirm that the information provided is correct and true to the best of my knowledge and recollection.

Signature _____ Date _____