



**Employment Record Transaction Form**

(Check one) New Hire  Update  Other

If this is an update, please indicate what is being updated: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**PERSONAL INFORMATION**

<b>Name</b>	_____				
	<small>Last</small>	<small>First</small>	<small>Middle Initial</small>		
<b>Address 1</b>	_____				
<b>Address 2</b>	_____				
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Home Phone</b>			<b>Cell Phone</b>		
<b>Email Address</b>	_____				
<b>Date of Birth</b>	____/____/____ <b>MM DD YY</b>	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Spoken Language</b>	
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<b>Ethnic Group (check all that apply)</b>	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		

**EMERGENCY CONTACT INFORMATION**

<b>Name</b>	_____		
	<small>Last</small>	<small>First</small>	<small>Middle</small>
<b>Relationship</b>		<b>Phone #</b>	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

<b>Employee ID</b>		<b>Appointed on</b>		<b>Effective/Hire Date</b>	
<b>School</b>			<b>Position</b>		
<b>Step/Ed Increment</b>			<b>Hourly Rate</b>		
<b>Entered In Assure</b>			<b>Entered In Aesop</b>		
<b>HR Signature</b>			<b>Date</b>		
<b>Payroll Signature</b>			<b>Date</b>		