

SHORELINE PUBLIC SCHOOLS
Human Resources Personal Information Form

The information provided on this form is considered to be personal and confidential and will be safeguarded appropriately. The School Board, Human Resources, and Payroll Office need this information for District records as well as for District communications, mailings and in cases of emergency. **Please complete ALL information that is applicable.** You should complete a new form whenever any of this information changes.

Name: _____ **Effective Date:** _____

Social Security Number: _____

Previous Name: _____

(Required: List only if changing name and attach a copy of your new social security card showing the name change)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Fax:** (____) _____

E-mail Address: _____

Current Assignment: _____ **Bldg/Department:** _____

Please Check the Appropriate Box or Boxes - (Required):

- | | | |
|--|---|--|
| <input type="checkbox"/> Certificated | <input type="checkbox"/> New Employee | <input type="checkbox"/> Permanent Employee |
| <input type="checkbox"/> Classified | <input type="checkbox"/> Current Employee | <input type="checkbox"/> Temporary Employee |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Former Employee | <input type="checkbox"/> Substitute Employee |

Please return completed form to: Shoreline Public Schools, Attn: Human Resources Office,
18560-1st Ave. NE, Shoreline, WA 98155

_____ Date Received

_____ Date Entered

_____ Initials (HR)

White: Human Resources
Yellow: Payroll
Pink: Telecommunications