

Jefferson County District School Board Employee Information Form

Date Form Completed: _____

Full Name: _____

Last

First

M.I.

Social Security Number: _____ Date of Birth: _____

Ethnicity: _____

Address: _____

Street

City

State

Zip Code

Phone Numbers: _____

Email Address: _____

Are you enrolled in Medicare? _____ Medicare# _____

Medicare Part A Start Date: _____ Medicare Part B Start Date: _____

Marital Status: _____ Spouse Name: _____

Spouse Date of Birth: _____

In Case of Emergency Notify: _____

Relationship: _____

Phone Number(s): _____

Address: _____

Street

City

State

Zip Code

[INFORMATION BELOW TO BE COMPLETED BY DISTRICT]

Position: _____ Date of Hire: _____

Employee#: _____