MABANK INDEPENDENT SCHOOL DISTRICT
EMPLOYEE INFORMATION FORM

Please complete the information in each cell. Write NA if the requested information does not apply to you

Part 1 - General information

Last Name: First Name: Middle Name:

Mailing Address:

City: State: Zip:

Home Phone: Cell Phone: Birthdate:

Campus/ Dept.: Position:

Board Policy GBA requires employees to state their preference regarding the following personal information. Please check yes or no to the following statement:

☐ Yes ☐ No I wish to have my address, telephone number, or email listed for public access.
(**Public access meaning open records request from outside the district.)**

Part 2 - Additional Information Needed.

Highest Degree Earned: Social Security #:

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Sex: Race: Driver's License #:

Teaching Cert 1: Teaching Cert 2: Hire Date:
Teaching Cert 3: Teaching Cert 4:

Full Years in MISD prior to this year: Total Years Experience:

Place an "X" next to the statement that describes the information listed in Part 1 and Part 2.

_____ Information is "complete and OK" **or** _____ Additions and/or corrections are needed.

Signature:_____ **Date:**_____

Part 3 - Emergency Information

In case of a personal emergency, the district should notify:

Name	Relationship	Area Code/ Phone #
_____	_____	_____