

STRAFFORD R-VI SCHOOL EMPLOYEE PERSONAL INFORMATION

Name: _____ Circle one: Mr.
(First) (Middle) (Last) Mrs.
Miss
Address: _____ or Ms.

City: _____ Zip Code: _____

Phone #: (____) - _____ Cell Phone # (____) - _____

Social Security # _____ - _____ - _____ Email: _____

Marital Status: Single _____ Married _____ Birthdate: _____ - _____ - _____

Which building do you work in? _____

Contact Person in case of Emergency: _____

Relation to you: _____

Contact Phone # (s) _____

Hospital Preference: _____

