

CALAVERAS COUNTY OFFICE OF EDUCATION

185 S. Main Street * P.O. Box 760

Angels Camp, CA 95221

(209) 736-4662 * FAX: (209) 736-2138

PERSONAL INFORMATION

EE#: _____
(Payroll Use Only)

NAME: _____

ADDRESS: _____
(Mailing) (City) (State) (Zip Code)

PHONE: _____ CELL: _____

SCHOOLSITE/DEPARTMENT: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOW

SPOUSE NAME: _____ SPOUSE'S PHONE: _____

EMERGENCY CONTACTS

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

1. Please list any medical conditions: _____

2. Please list any medications you must take and/or are allergic to: _____

3. Please list the name, address and phone number of your doctor

Name: _____ Phone(s): _____

Address: _____

EMPLOYEE RACE/ETHNICITY INFORMATION

New federal guidelines require that we gather race/ethnicity information on all new employees in a two part question. Please complete the information listed below:

WHAT IS YOUR ETHNICITY? (Please check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Not Hispanic or Latino

WHAT IS YOUR RACE? (Please check up to five racial categories)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native(100)
(Persons having origins in any of the original people of North, Central or South America) | <input type="checkbox"/> Laotian (206) | <input type="checkbox"/> Tahitian (304) |
| <input type="checkbox"/> Chinese (201) | <input type="checkbox"/> Cambodian (207) | <input type="checkbox"/> Other Pacific Islander (399) |
| <input type="checkbox"/> Japanese (202) | <input type="checkbox"/> Hmong (208) | <input type="checkbox"/> Filipino/Filipino American (400) |
| <input type="checkbox"/> Korean (203) | <input type="checkbox"/> Other Asian (299) | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Vietnamese (204) | <input type="checkbox"/> Hawaiian (301) | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East) |
| <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Guamanian (302) | |
| | <input type="checkbox"/> Samoan (303) | |