

Ortonville School District #2903



Employee Information

First Name Middle Last Name

Address City State Zip Code

Social Security Number: _____ - _____ - _____ Birth Date: ____/____/____

Hire Date: ____/____/____ Position: _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail _____

Emergency Contacts

Please list in order you would like called in case of an emergency.

Name _____ Relationship to employee _____

Address City State Zip Code

Work Phone (____) _____ Ext _____

Home Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to employee _____

Address City State Zip Code

Work Phone (____) _____ Ext _____

Home Phone (____) _____ Cell Phone (____) _____

Special Circumstances

This for use in the event of an emergency, such as health conditions, known allergies and blood type.

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Ethnicity and Race Identification

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U.S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Are you Hispanic or Latino?

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

☐ Yes ☐ No

Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

☐ American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American

A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White

A person having origins in any of the original peoples of Europe, the Middle East, or North America.

District Use Only

UFARS Code _____ Wage \$ _____

Hours Per Day: _____ Days Per Year: _____

Position Title _____

File Folder # _____ Union/Barg Unit _____

Benefits Employee is Eligible for: _____

TSA 403(b) Match: \$ _____

Leave Types Employee is Eligible for: _____