

# Human Resources Department

## Adelanto Elementary School District

### EMPLOYEE INFORMATION FORM

 Certificated

 Classified

 **NEW EMPLOYEE**
 **CHANGE OF ADDRESS OR PHONE NUMBER**
 **NAME CHANGE** – Attach Driver License and Social Security Card with **NEW NAME**

### EMPLOYEE INFORMATION

Legal Last Name:		First:	Middle:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	Social-Security Number		Other name(s) used (AKA) or Nickname:	
Home Address			City	Zip
Mailing Address				
Primary Telephone #:		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other	Secondary Telephone #:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other
Email Address				

**NEW EMPLOYEE ONLY**

Are you Hispanic or Latino:  No, not Hispanic or Latino  Yes, Hispanic or Latino

**(New Employee)**

Race (Check All that Apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian – Chinese <input type="checkbox"/> Asian – Laotian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander – Hawaiian <input type="checkbox"/> Pacific Islander – Other	<input type="checkbox"/> Asian – Other <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Japanese <input type="checkbox"/> Asian – Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander – Samoan <input type="checkbox"/> Asian – Hmong	<input type="checkbox"/> Asian – Cambodian <input type="checkbox"/> Asian – Korean <input type="checkbox"/> Pacific Islander – Guamanian <input type="checkbox"/> Pacific Islander – Tahitian <input type="checkbox"/> White <input type="checkbox"/> Decline to State <input type="checkbox"/> Other: _____
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Highest Education Level:  High School Diploma/GED  
**(New Employee)** HS Graduation Date: \_\_\_\_\_  
 Some College  
 Associates Degree  
 Bachelor's Degree  
 Master's Degree  
 Doctorate Degree

### EMERGENCY CONTACT INFORMATION

List the name of the person to contact in case of an emergency:

Name:	Relationship:	Primary #:
Name:	Relationship:	Primary #:
Preferred Doctor:	Phone #:	Preferred Hospital:

List any Health Information that might be helpful in an emergency:

Do you give permission to call a doctor if your doctor cannot be reached?  Yes  No

 \_\_\_\_\_  
 Employee Signature

 \_\_\_\_\_  
 Date


AE SD strives to be the High Desert's premier learning establishment where dreams are awakened, academic achievement soars, and integrity leads the way to future success.

**Adelanto Elementary School District**  
**DESIGNATION OF BENEFICIARY**

Under the provisions of Section 53245 of the California Government Code, in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Adelanto Elementary School District had I survived:

**Beneficiary Information**

TYPE OR PRINT FULL NAME OF DESIGNEE	RELATIONSHIP TO EMPLOYEE
ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP)	
PHONE NUMBER	SOCIAL SECURITY NUMBER

**Secondary Beneficiary Information**

IF THE BENEFICIARY NAMED ABOVE IS NOT LIVING THEN PAY;	RELATIONSHIP TO EMPLOYEE
ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP)	
PHONE NUMBER	SOCIAL SECURITY NUMBER

**This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until cancelled in writing by me.**

It is expressly understood and agreed that the Adelanto Elementary School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Adelanto Elementary School District and provides to said Adelanto Elementary School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

TYPE OR PRINT FULL NAME OF EMPLOYEE	SIGNATURE OF EMPLOYEE
EMPLOYEE IDENTIFICATION NUMBER	DATE SIGNED

