OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT PERSONNEL INFORMATION

All information is CONFIDENTIAL and only accessible to authorized staff.
The exception is information authorized for publication in the District directory.

Last Name ______________________ First Name ______________________ MI ________

Category:

☐ Administration ☐ Custodial ☐ Food Service ☐ Secretarial/Clerical ☐ Teacher ☐ Aide
☐ Coach (Specify Activity)______________________ ☐ High School Worker (specify) ____________________
☐ Youth Program (Please Specify) ☐Basketball ☐ Aquatics ☐ Aspire ☐ Camp Oak Creek ☐ Sports Camp ☐Building Supervisor ☐Other:
☐ Other (Please Specify) __________________________________

Building(s):

☐ CAR ☐ CH ☐ DF ☐ EW ☐ FR ☐ MV ☐ SH
☐ EMS ☐ WMS ☐ OCHS/9th Grade Center ☐ Connects ☐ Salvation Army ☐ District Office ☐ Youth Programs

Social Security # ______________________ Date of Birth ______________________

Mailing Address ____

City ______________________ State __________ ZIP ______________

Cell Phone ______________________ Home Phone ______________________

E-mail Address ____

Gender ☐ F ☐ M

Are you Hispanic or Latino? ☐ Yes ☐ No

Select all of the following categories that apply to you: (You must select at least one of the following.)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Information to be published in District directory: Phone: ☐ Yes ☐ No Address: ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Contact 1 ____

Phone ______________________

Contact 2 ____

Phone ______________________

Medical conditions (i.e. allergies, diabetic, chronic illnesses, etc.):
Prescriptions/medications taken on a regular basis:
Other information/Special Instructions (i.e. physician, additional medical information, etc.):

Signature: ______________________________ Date: ______________________