

**COLUMBUS COUNTY SCHOOLS**  
**EMPLOYEE INFORMATION**  
**CONFIDENTIAL**

Name on Social Security Card:	
Social Security Number:	
Home Address:	
Date of Birth:	
Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Home Telephone:	
Cell Phone Number:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	

**EMERGENCY CONTACTS**

PRIMARY CONTACT	SECONDARY CONTACT
Name:	Name:
Cell Phone Number:	Cell Phone Number:
Work Telephone:	Work Telephone:
Relationship:	Relationship:

Please provide the information below as applicable:

Known Drug Allergies:
Known Medical Problems:

**TO BE COMPLETED BY HR PERSONNEL**

Hire Date:	UID:
Email Address:	@columbus.k12.nc.us
School Assignment:	
Position Description:	
Employee Replaced:	