



LCWM Employee Information Sheet

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

EMERGENCY CONTACT _____ PHONE # _____

POSITION IN DISTRICT _____

Please check at least one in **ALL THREE COLUMNS** for the following information:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
<input type="checkbox"/> African American		<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Black or African American

EMPLOYEES WILL BE REQUIRED TO USE AUTOMATIC DEPOSIT.

SIGNATURE _____ DATE _____