

# Herscher Community Unit School District #2

501 N. Main St. PO Box 504  
Herscher, IL 60941-0504

## **Employee Information Form**

Please complete the following information relating to your current status. Anytime this information changes please notify the Unit Office.

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Name	First	Middle	Last
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Address	Street	City	State	Zip
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Social Security #	Telephone #	Date of Birth
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Email address: \_\_\_\_\_

Marital Status:   ☐ Single    ☐ Married    ☐ Divorced    ☐ Widow(er)

### **ETHNICITY.**

Is this employee Hispanic/Latino?

Check One

☐ No, Not Hispanic    ☐ Yes, Hispanic/Latino

### **RACE.** Choose one or more

☐ American Indian or Alaska Native    ☐ Asian    ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander    ☐ White or Caucasian

## **EMERGENCY CONTACT INFORMATION**

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Name	Phone #	Relation to you
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Name	Phone #	Relation to you
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Is there any information you would like to provide in case of an emergency? *ex. allergies*

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## **LEGAL INFORMATION**

Check one

Have you ever been arrested or convicted of any crime, including misdemeanors and felonies, which have not been sealed or expunged?   ☐ Yes   ☐ No

If yes, explain, giving dates: \_\_\_\_\_