

**PERSONAL DATA AND SELF-IDENTIFICATION FORM** 2020-2021

Bamberg School District Two is an equal employment opportunity employer and is required by law to report periodically certain data regarding our faculty and staff. To satisfy government regulations, we must try to provide accurate data on citizenship, sex/gender, and race/ethnic group of all employees as well as disability and veteran status of those who have self-identified. All information is reported in statistical form only. Other information (e.g. birthdate, marital status, etc.) is needed for the benefits/finance department and other human resources management purposes. All information is secure and confidential.

All employees are asked to complete *all* information on this form. Your contact information will be used by the District's Emergency Notification System, when required.

**Section I: Name and Status**

Check One:  New Hire Social Security Number: \_\_\_\_\_

Returning Employee  Temp Employee (Substitute Teacher, etc.) Number of Years Working in the District \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle/Maiden

If name is changing, new name: \_\_\_\_\_  
Last First Middle/Maiden

**Section II. Contact Information (Legal address for income tax purposes and mailings to your home)**

Address: \_\_\_\_\_  
Street /Post Office Box City State Zip code

Home/Personal Email Address: \_\_\_\_\_

Current Home Telephone Number ( \_\_\_ ) \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Section III. Personal Information**

<p><b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Birthdate:</b> _____ MM DD YY</p>	<p><b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower</p> <p>Spouses Name: _____</p>	<p><b>Citizenship</b> <input type="checkbox"/> <b>U.S. Citizen</b> <input type="checkbox"/> Resident Alien <input type="checkbox"/> J1 Exchange Visitor <input type="checkbox"/> H1 Temporary Worker <input type="checkbox"/> J2 Spouse/Child Exch. Visitor</p> <p>Country of Citizenship: _____</p> <p>Visa Expiration Date: _____</p>
<p><b>Ethnicity (Check One)</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander</p>		
<p><b>Military Status (Select one):</b> <input type="checkbox"/> Active Reserve <input type="checkbox"/> No Military Service <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Retired Military <input type="checkbox"/> Vietnam and Other Protected Veteran</p>		<p><b>Disability Status</b> <input type="checkbox"/> Individual with a Disability <input type="checkbox"/> Disabled Veteran Medical documentation required to support any accommodations needed. Please attach the document to this form.</p>
<p><b>Military Discharge Date:</b> (MM/DD/YY)</p>		

**Section IV. Emergency Contact Information:**

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zipcode

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**Section V: Education**

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High School	Date (s)	School Name:
College	Date(s)	School Name:
Degree(s) Earned	Date(s)	School Name:

**Section VI: Certification**

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SC Teacher Certification Number: \_\_\_\_\_

Areas of Certification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_