SOUTH CAROLINA DEPARTMENT OF EDUCATION

EMPLOYEE DEMOGRAPHIC AND CONTACT INFORMATION

EMPLOYEE NAME: _____ _____ _____ _____ _____
FIRST MIDDLE LAST SSN DATE OF BIRTH

HOME ADDRESS: _____ _____ _____ _____ _____
STREET/APT CITY COUNTY STATE ZIP

HOME PHONE #: _____ **MOBILE PHONE #:** _____
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SEPARATED

GENDER: ☐ MALE ☐ FEMALE

ETHNICITY: ☐ HISPANIC/LATINO ☐ NOT HISPANIC/LATINO

VETERAN: ☐ YES ☐ NO

VETERAN STATUS: _____

RACE:
☐ AMERICAN INDIAN/ALASKA NATIVE
☐ ASIAN
☐ BLACK/AFRICAN AMERICAN
☐ HISPANIC/LATINO
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
☐ TWO OR MORE RACES
☐ WHITE

CONTACT PERSON(S) IN CASE OF EMERGENCY

1. NAME: _____
RELATIONSHIP: _____
ADDRESS: _____ _____ _____ _____ _____
STREET/APT CITY COUNTY STATE ZIP CODE
HOME PHONE #: _____ **WORK PHONE #:** _____ **MOBILE PHONE #:** _____
(xxx-xxx-xxxx) (xxx-xxx-xxxx) (xxx-xxx-xxxx)

2. NAME: _____
RELATIONSHIP: _____
ADDRESS: _____ _____ _____ _____ _____
STREET/APT CITY COUNTY STATE ZIP CODE
HOME PHONE #: _____ **WORK PHONE #:** _____ **MOBILE PHONE #:** _____
(xxx-xxx-xxxx) (xxx-xxx-xxxx) (xxx-xxx-xxxx)

****** Please return the completed form to your office director. ******