



# Rock Ridge Public Schools ISD #2909

## Employee Information Form

Personal Information			
Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
	<i>Mailing Address</i>		
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone:	(    )	Cell Phone:	(    )
Email Address:			Birth Date:
Emergency Contact:			
	<i>Full Name</i>		<i>Phone Number</i>
Are you a TRA Annuitant? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a PERA Annuitant? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Job Information (To be completed by Business Office)			
Title:		Employee ID: (Assigned by Employer)	
Supervisor:		Department:	
Work Location:		Work Email Address:	
Start Date:		Hours per week:	
Salary: (Hourly, Monthly, Annual)	\$		