

## DISTRICT SCHOOL BOARD OF PASCO COUNTY PERSONAL INFORMATION FORM

MIS Form #304 Rev. 12/16

Department/School \_\_\_\_\_ #: \_\_\_\_

TO BE COMPLETED BY EMPLOYEE:								
SOCIAL SECURITY NUMBER			DATE OF BIRTH				SEX	
							MF	
NAME								
Last	Suffix		First			Middle		
ADDRESS (Residence)	·							
Street		City	City			State	Zip Code	
ADDRESS (Mailing) If different from above								
Street			City				Zip Code	
Country of Citizenship			Primary Phone				Secondary Phone	
Do you qualify for an exemption under Florida Statutes Sec.119.071 to exclude specific personal information, such as your phone number and home address from disclosure in response to public records requests? Yes No Unknown  All employees must also complete the <i>Employee Information Exemption from Public Records Form</i> to officially claim the abovementioned exemption or indicate that an exemption does not apply.								
Emergency Contact Name Relationshi		ip		Work Phone	Home Phone		Cell Phone	
Disability/impairment								
Were you enrolled in a Florida Retirement System by a previous employer?   YES  NO  If yes, last day worked								
In order to comply with government reporting requirements, the District School Board of Pasco County invites employees to voluntarily and confidentially self-identify their race and ethnicity. Submission of the following information is voluntary and the refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws. When reported, data will not identify any specific individual.  Are you Hispanic or Latino?  Yes No ("Hispanic or Latino," is defined to mean a person of Cuban, Mexican, Puerto Rican, South or								
Central American, or other Spanish culture or origin regardless of race.)  Race (all that apply):								
Black or African American  Native Hawaiian or Other Pacific								
Employee Signature	Date			Worksite Administrator or Designee Signatu			re Date	