District School Board of Pasco County

PERSONAL INFORMATION FORM

MIS Form #304
Rev. 2/15

Location: _____ #: _____

TO BE COMPLETED BY EMPLOYEE:

SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX
		☐M ☐F

NAME			
Last	Suffix	First	Middle

ADDRESS (Residence)			
Street	City	State	Zip Code

ADDRESS (Mailing) If different from above			
Street	City	State	Zip Code
COUNTRY OF CITIZENSHIP	HOME PHONE	CELL 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 ***Employee Information Exemption from Public Records Form*** to officially claim the above-mentioned exemption or indicate that an exemption does not apply.

EMERGENCY CONTACT NAME	RELATIONSHIP	WORK PHONE	HOME PHONE	CELL PHONE

DISABILITY/IMPAIRMENT CODE: _____ *Code Definition:* **P** - Physically Impaired **V** - Visually Impaired **H** - Hearing Impaired **S** - Speech Impaired **O** - Other Health Impaired **Z** - Not Applicable

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): ☐White ☐ Asian ☐American Indian/Alaskan Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific

_____ _____

Employee Signature Date Worksite Administrator or Designee Signature Date

DISTRIBUTION: HREQ; Cost Center