

**WESTFIELD WASHINGTON SCHOOLS
322 WEST MAIN STREET
WESTFIELD, INDIANA 46074**

POST EMPLOYMENT APPLICATION

Employee Name _____

Address: _____

Home Telephone: _____ Other Telephone: _____

Date of Birth: _____ Social Security #: _____

Marital Status: _____ Maiden Name, if applicable _____

Name Badge Preference: Mrs. Ms. Miss Mr.

Information listed below is required for government reporting.

Sex M F U.S. Citizen: Yes No

Race and Ethnicity:

- Hispanic or Latino
- White (not of Hispanic origin)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Dates of Military Service - From: _____ To: _____

Disability Yes No If yes, please describe: _____

Disabled Veteran Yes No If yes, are you using disability pay? _____

Name of person to be notified in emergency: _____

Home Telephone _____ Other Telephone _____