**Westfield Washington Schools**

**19500 Tomlinson Road, Suite B**

**Westfield, IN 46074**

**POST EMPLOYMENT APPLICATION**

Employee Name

Address:

Home Telephone: Other Telephone:

Email Address:

Date of Birth: Social Security #:

Marital Status: Maiden Name, if applicable

***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

Revised 9/27/22