



EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT

New Employee Information Sheet

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Middle Name:	
Last Name:	Former Name (Maiden): Suffix (if applicable):	
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
<i>What number do you prefer to use as your main contact phone number?</i> <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Social Security Number:	Date of Birth:	
Personal Email Address:		
Ethnicity (must select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (must select one): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Emergency Contact Name:		
Emergency Relation:		
Emergency Contact Phone Number:		
NJ SMART DATA		
Highest Level of Education: <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Graduate Cert <input type="checkbox"/> High School <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Traditional Route	<input type="checkbox"/> Alternate Route	
Program Name:	Program Name:	
# of Years Teaching Experience in State of NJ: _____ # of Years Teaching Experience outside State of NJ: _____		
Name/location of former district(s):		
OFFICE USE ONLY:		
Local ID:	SMID:	
Tracking#:	D.O.H./Start Date:	
Salary:	Level/Step:	