KILLEEN ISD EMPLOYEE DATA SHEET

SOCIAL SECURITY NUMBER _____

NAME _____

PREVIOUS NAME(S) _____
(including maiden name)

HOME ADDRESS _____

_____

MAILING ADDRESS, IF DIFFERENT_____

TELEPHONE _____**(home)**_____**(mobile)**

Marital Status: Married or Single **Former KISD Employee**: Yes or No
If yes, position held _____

Please circle your preference for withholding/releasing information requested under the Texas Public Information Act and for the district's employee directory:
Withhold Release

_____ _____
Employee Signature Date

EMERGENCY CONTACT INFORMATION

1. _____ _____
Name Relationship

_____
Address

_____ _____
Home Phone Number Work Phone Number

2. _____ _____
Name Relationship

_____
Address

_____ _____
Home Phone Number Work Phone Number

Please notify the Human Resources Office of any name or address changes as soon as possible. State and federal agencies require that we maintain up-to-date information.