

WESTERN LINE SCHOOL DISTRICT

102 MADDOX RD., AVON, MS 38723

PERSONNEL DATA SHEET

(Print Clearly in Black Ink)

Emp. #: _____

(Central Office Use Only)

Social Security #:					
FULL NAME:					
ADDRESS:					
		STREET ADDRESS			
		MAILING ADDRESS (IF DIFFERENT)			
		CITY	STATE	ZIPCODE	
TELEPHONE #					
		AREA CODE		PHONE NUMBER	EMAIL ADDRESS
GENDER:		M		F	
BIRTHDATE:				____/____/____	
				(MONTH/DAY/YEAR)	
RACE:		B		W	
				OTHER (SPECIFY)	
SPOUSE'S NAME (IF APPLICABLE)				SPOUSE'S TELEPHONE #:	
SPOUSE'S EMPLOYER:				SPOUSE'S WORK TELEPHONE #:	
EMERGENCY CONTACT:				RELATIONSHIP:	
EMERGENCY TELEPHONE #:				ALTERNATE #:	
DATE OF INITIAL EMPLOYMENT WITH WESTERN LINE:					
CURRENT POSITION:				LOCATION:	
TOTAL YEARS OF PRIOR EXPERIENCE AT WLSL:					
THE FOLLOWING IS TO BE COMPLETED BY ASSISTANT TEACHER/TEACHER AIDES ONLY					
NUMBER OF COLLEGE COURSE HOURS COMPLETED:					
COLLEGE/UNIVERSITY WHERE COMPLETED:					
PLEASE INCLUDE A COPY OF YOUR COLLEGE/UNIVERSITY TRANSCRIPT AND A COPY OF YOUR COLLEGE DEGREE (IF APPLICABLE)					
THE FOLLOWING TO BE COMPLETED BY CERTIFIED TEACHERS ONLY					
MISSISSIPPI TEACHING CERTIFICATE #:					
A/AA/AAA	ENDORSEMENT	A/AA/AAA	ENDORSEMENT		
TOTAL YEARS TEACHING EXPERIENCE IN AND OUT OF WLSL:					
By my signature, I agree that the above information is true and represents me accurately. If this information changes at any time, I agree to notify the payroll department in writing of these changes.					
EMPLOYEE SIGNATURE				____/____/____	
				DATE	