



# Fallbrook Union Elementary School District

## Human Resources Department Employee Contact Information Form

NEW EMPLOYEE INFORMATION

CLASSIFIED

CHANGE Effective Date: \_\_\_\_\_

CERTIFICATED

SITE: \_\_\_\_\_

SUBSTITUTE

### PERSONAL CONTACT INFORMATION:

Full Legal Name: \_\_\_\_\_

\*\*If you are changing your name, you must provide your new social security card. Name changes cannot be made until a new social security card is received.\*\*

\*Former Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Are you able to receive text messaging on your mobile phone?  YES  NO

(Personal) E-mail Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*\*PLEASE PRINT THIS FORM AND RETURN TO THE HUMAN RESOURCES DEPARTMENT\*\***

**FOR HR USE ONLY:**

\_\_\_\_\_ PS \_\_\_\_\_ TECH \_\_\_\_\_ ID \_\_\_\_\_ IC \_\_\_\_\_ PAY \_\_\_\_\_ BENE \_\_\_\_\_ AESOP