

Santiam Canyon SD 129J
Employee Information

General Information

Employee Name _____		Date of Hire _____	
Resident Address _____		City _____	Zip _____
Mailing Address (if different than residence) _____		City _____	Zip _____
Home Phone _____	Cell Phone _____	Email Address _____	
Birthdate _____	Sex _____	Social Security # _____	Marital Status _____
		No. of children _____	
Race (Circle One or More): African American/Black American Indian/Alaskan Native Asian Pacific Islander/Native Hawaiian White			
Ethnicity (Circle One): Hispanic/Latino or Not Hispanic/Latino			
Name of Spouse _____		Workplace _____	Work Phone _____
In Emergency Notify _____	Relationship _____	Phone _____	
In Emergency Notify _____	Relationship _____	Phone _____	
In Emergency Notify _____	Relationship _____	Phone _____	

Medical Information

Doctor _____	Phone # _____	City _____
<input type="checkbox"/> Asthma, <input type="checkbox"/> Allergies, <input type="checkbox"/> Seizures, <input type="checkbox"/> Pregnant, <input type="checkbox"/> Inhaler, <input type="checkbox"/> Epi Pen, <input type="checkbox"/> Diabetes, <input type="checkbox"/> Cardiac, <input type="checkbox"/> High Risk Medications: _____		
Preferred Hospital _____		
Special medical conditions/problems/dosage instructions: _____		
Other Medical Conditions: _____		

Signature _____

Date _____