



BAINBRIDGE ISLAND

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY

New or Returning Employee and Substitute Form

If filling in writing, please print clearly and ensure your name matches your social security card

Name: _____ Today's Date: _____

Address: _____ First Day of Work: _____

City, State, Zip: _____ Building Location: _____

Phone: _____ Cell: _____ Job Title: _____

Social Security Number: _____ Birth Date: _____

Email Address: _____ Gender: M F

Single/Married: S M Disabled: Yes No

Veteran Status: Yes No Race/Ethnicity:

Please check as applicable:

- Armed Forces Service Medal Veteran
- Disabled Veteran
- Recently Separated Veteran
- Vietnam-Era Veteran
- War/Campaign/Expedition Veteran

Please check as applicable:

- Native American or Alaskan Native
- Asian
- Black or African American
- Pacific Islander
- White
- Hispanic and/or Latino
- Two or More Races

Were you employed here previously? Y N

If so, what was your last date of employment?

Please list your full name at the time of your employment if it was different than your present name.

Print Full Name

District Use:		Fingerprints:	
Retirement: Eligible ___	Ineligible ___	On File ___	Cleared ___
Benefits: Eligible ___	Ineligible ___	Employee Type:	
Hours per Day: _____	FTE: _____	Classified	Certificated Substitute