

PERSONNEL INFORMATION

2024

PLEASE TYPE OR PRINT

Name: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

- If hired for a Union position, information is shared with Union Leadership per PERA (Public Employment Relations Act)
- If you qualify for confidential address, please provide copy of participation card.

1. Cell Phone Number ( \_\_\_\_\_  
(Not for publication; for Emergency use & School Messenger)

2. Date of Birth: \_\_\_\_\_

3. Are you a relative to anyone currently employed at Shiawassee RESD \_\_\_ No \_\_\_ Yes-  
If yes, please provide Shiawassee RESD employee name: \_\_\_\_\_

4. Race or Ethnicity (Optional) \_\_\_\_\_

5. **Emergency Contacts: (Please list 2 people in case we cannot reach the first person.)**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

6. **Optional**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications or Treatments (optional) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

New Hire \_\_\_\_\_ Annual Update \_\_\_\_\_ Information Change/Update \_\_\_\_\_

**Provide copy to Human Resources & Benefits Administrator: Yvonne Brown & Dawn Luark**