Summersville RII Schools

Employee Information Sheet

Name: _____

Address:_____

_____

SSN:_____

Birthdate:_____

Cell Phone Number _____

Home Phone Number _____

Personal Email Address _____

Emergency Contact:_____(name & phone number)

Degree (circle one): **BS** **MA** **Spec** **Dr** *(Teachers only)*

Years of Teaching Experience: _____ *(Teachers only)*

Items to be Completed:

- MACHS registration/Background check
- MO W4
- Federal W4
- I9 Form
- Direct Deposit Authorization Form
- SSA not covered Statement (Teachers only)
- Documentation/Proof of Degree and Teaching Experience (Teachers only)