

2020-2021 NCS Employee Data Sheet Please Print

All information will be used to update our current administrative records and will remain **confidential**.

1. Name: _____ // _____ // _____
First M.I. Last

2. Name you like to go by (if different than proper first name): _____

3. Spouse's Name (if applicable): _____

4. Current Address: _____
Street City Zip Code

5. Current Home Phone: _____ Cell Phone: _____

6. Home Email Address: _____

7. Do you give permission to share your birthday information (month & day only) e.g. shout out for people having a birthday? Yes ___ No ___

8. Number of previous years in educational or similar employment before NCS: _____

10. Professional information

Highest diploma/degree obtained? _____ Date received: _____

Name of institution: _____

Currently enrolled in a Bachelor's Degree program? Yes* ___ No ___

Currently enrolled in a Master's or higher program? Yes* ___ No ___

*If yes, name of institution, major, and anticipated date when the degree will be earned.

11. Current/specific position and title currently held in NCS: (circle those which apply or state)

- | | | | |
|------------------------|-----------------|---------------|--------------------------------|
| Teacher | Aide | Food Service | Licensed Child Care Teacher |
| Maintenance/Custodian | Librarian | Administrator | Before/After School Child Care |
| Technology Coordinator | Site Director | Controller | Coach |
| Admin. Asst./Secretary | SCRIP Assistant | Office Asst. | Finance/AP/Accountant |
- Other: Please state _____

12. Current NCS building assignment(s): (multi-building employees – circle all that apply, place a STAR(*) in front of your "home" building and write your schedule on the line below)

- | | | |
|-----------------|---------------------|---------------------|
| Central Office | NC HS/MS | NCES - St. Anne |
| NCES - St. Mark | NCECC - St. Therese | NCECC – St. Michael |

13. Non-contracted Employees: Current average # hours/week _____

14. Religious Affiliation: (circle one and complete if needed)

- | | | | |
|---|-----|----|---------------------|
| Practicing Catholic: | Yes | No | Parish Name: _____ |
| Other Christian Denomination: | Yes | No | Congregation: _____ |
| No Religious affiliation or not practicing: | Yes | No | |

15. Currently First Aid Certified? Yes No Expiration Date: _____

16. Currently AED/CPR Certified? Yes No Expiration Date: _____

17. Do you coach in NCS or another district? No Yes _____
(state where and what sports)

18. Do you serve as a club advisor? No Yes _____
(state what activities)

2020-2021 NCS Employee Data Sheet Please Print

*All information will be used to update our current administrative records and will remain **confidential**.*

Thank you for completing this information.

Please return this form to your building principal or supervisor within 2 weeks.