

**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: \_\_\_\_\_

9. Position held and name of most recent employer: \_\_\_\_\_

**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.

\_\_\_\_\_

# Undergrad credits beyond degree: \_\_\_\_\_ # Grad credits beyond degree: \_\_\_\_\_

Basic Religious Certificate Yes \_\_\_ No\* \_\_\_ Expiration Date: \_\_\_\_\_

Advanced Religious Cert. Yes \_\_\_ No\* \_\_\_ Expiration Date: \_\_\_\_\_

\*If no, please explain the plan of action to update or obtain your religious certification:

\_\_\_\_\_

11. License / Certification information: **type, state, expiration date:** (please be specific and accurate – WI certified teachers should copy license information exactly as it appears on the DPI database and/or attach a copy) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PI-34 Educators**

What is the beginning and ending dates of your current license? \_\_\_\_\_

Do you have your goals written and approved? \_\_\_ Yes \_\_\_ No

Do you have your PDP completed? \_\_\_ Yes \_\_\_ No

If professional educator license is not current, please explain. \_\_\_\_\_

\_\_\_\_\_

Currently enrolled in a teacher/admin. certification program? Yes\* \_\_\_ No \_\_\_

Currently enrolled in a child care teacher cert. program? Yes\* \_\_\_ No \_\_\_

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

\_\_\_\_\_

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**Child care teachers:** Do you have a certificate through the Registry? Yes\* \_\_\_ No\_\_

\*What level? \_\_\_\_\_(Please attach a copy of the certificate to this form for your CO file.)

**12. 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 _____ |                 |               |                                |

**13. 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 |

**14. Pre-K to 12 teachers only: Current subject/grade assignment and F.T.E. or %** \_\_\_\_\_

**15. Non-contracted Employees: Current average # hours/week** \_\_\_\_\_

**16. 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 |                     |

**17. Currently First Aid Certified?** Yes No Expiration Date: \_\_\_\_\_

**18. Currently AED/CPR Certified?** Yes No Expiration Date: \_\_\_\_\_

**19. Do you coach in NCS or another district?** No Yes \_\_\_\_\_  
(state where and what sports)

**20. Do you serve as a club advisor?** No Yes \_\_\_\_\_  
(state what activities)

**21. Special skills and talents that could benefit Newman Catholic Schools.**

\_\_\_\_\_

**22. List all professional or work related workshops and/or courses that you have attended/completed since Sept. 2018. Include title and credits/hours and institution.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23. List any professional recognitions, honors, or awards received since Sept. 2018.**

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this information.**

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