

## New Employee Information (Please Print)

Full <u>Legal</u> Name				
Social Security Number				
Address				
Current Email Address				
Phone Number (Home)	Phone Number (Cell)			
Date of Birth	F	Race	Martial Status	
In what type of position are	e you being employ	ed with Henry Count	ry Schools?	
Teaching	_Administration	Support	Supplement only	Nurse Substitute
School			Grade(s)	
Subject(s) Teaching				
Or Support Position				
Total number of years of <b>p</b>	ublic school experie	ence		
Highest Degree(s) Held				
Institution you received th	s degree from			
Are you transferring from a	another Alabama pu	ıblic schools system?	Yes	No
If yes, which system				
If transferring from anothe	r Alabama public sc	hool system, please	list below your former sch	ool email address
Have you formally <u>retired</u>	from the Retiremen	t Systems of Alabam	a?Yes	No
On the back of this page, p	lease list all former	<mark>public school</mark> employ	yers and addresses.	
Signature	of Employee			Date

Please return this completed form via email to Jodi Ennis <u>jennis@henrycountyboe.org</u> or via mail to Henry County Board of Education, Attn: Jodi Ennis, PO Box 635, Abbeville, AL 36310.