STAFFORD COUNTY PUBLIC SCHOOLS, DEPARTMENT OF HUMAN RESOURCES Please fill out ALL fields on this page (except for HR use only) do not leave any blanks

Applicant Information							
<u>Last Name</u>			First Name		Full Middle Name (not initial)		
Sex Male			Race/Ethnicity		<u>Height</u>	Weight in Ibs	
			Phone Number		ft in		
Eye color	Hair Color	Date of birth	State of birth	Country of birth	School Working/volunteering at:		
For HR Office Use Only							
Licensed	Paraprofes	sional Volunteer	School Nurse	Hourly	Transaction #: Transaction date:		
Service	Substitute	<u>Coach</u>		<u>Salaried</u>			
NOTES							

EMPLOYEE BADGE INFORMATION FORM

Please fill out ALL fields on this page (except for HR use only) do not leave any blanks

Last Name	
First Name	
Position	
School or Department	
For HR Office Use Only	