

**MURRIETA VALLEY UNIFIED SCHOOL DISTRICT
PERSONNEL INFORMATION SHEET**

Please provide the information requested below in order to process personnel.
Please answer completely and PRINT legibly.

NAME: _____ SOC.SEC # _____

NUMBER OF YEARS IN CALIFORNIA (i.e.: continuous residence): _____

MAILING ADDRESS: _____

City _____ Zip _____

RESIDENCE ADDRESS (if different): _____

City _____ Zip _____

EMAIL ADDRESS: _____

PHONE: HOME: () _____ OTHER: () _____

BIRTHDATE: _____ DRIVER LICENSE #: _____ EXP: _____

MARTIAL STATUS: _____ GENDER: M / F DATE of LAST TB: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

SECONDARY CONTACT NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

HOSPITAL PREFERENCE: _____
