



# Employee Personal Data Form

Division of Human Resources 437 Old Peachtree Rd, NW, Suwanee, GA 30024 (678) 301-6000

## Personal Information – to be completed by Employee

Employee Name (Last, First, MI, Maiden)	Social Security Number
Street Address	City, State, ZIP
Primary Telephone Number (include area code)	Date of Birth (MM/DD/YYYY)
Email Address	

Gender:

☐ Male ☐ Female

Marital Status:

☐ Married ☐ Single

Ethnicity (*choose only one*):

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (*choose one or more*):

☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander  
☐ Asian ☐ White  
☐ Black/African American

Highest Educational Level Completed:

☐ High School/GED ☐ Master's Degree  
☐ Some college ☐ Specialist's Degree  
☐ Associate's Degree ☐ Doctorate Degree  
☐ Bachelor's Degree ☐ Other \_\_\_\_\_

Have you served on Active Duty in the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, or Coast Guard)?

☐ Yes ☐ No

## Employment Information – to be completed by Employee

GCPS Work Location	Official Start Date
GCPS Position	

Previous GCPS Employee:

☐ Yes  
☐ No

Georgia Public School Retiree:

☐ Yes  
☐ No

I certify that the above information is accurate and true to the best of my knowledge.

Employee Signature	Date
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