

**Wakulla County School Board
Human Resources Department
Personal History Form**

All paperwork must be signed exactly as your name appears on your social security card.

Name: (From your social security card) _____
Last First Middle

Social Security # _____ - _____ - _____ DOB: ____/____/____

In compliance with Florida Statute 119.071(5), this statement serves to notify you of the purposes for collection of your social security number by WCSB HR Dept. – It is imperative for the performance of our duties and responsibilities as prescribed by law.

Marital Status: Single **Gender:** Male **Race:** American Indian or Alaska Native
 Married Female Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White

Ethnicity: Are you Hispanic/Latino? Yes No

Mailing Address: _____
(Street or P.O. Box) City State Zip

Personal Email Address: _____

Home Telephone #: _____ **Cell/Alternative Phone:** _____

Emergency Contact Information: Name: _____

Telephone #: _____ **Relationship:** _____

Have you previously worked for WCSB? Yes No
Check all previous jobs that apply: Permanent Substitute Temporary OPS

(If yes, you must fill out form WMIS PR544 – Statement of Previous Employment to receive credit for this experience. **OPS Positions and Substitute Worker – Do not fill out form – No credit given.**

IMPORTANT NOTICE: Many items are mailed to you at the address you provide, (i.e., W-2, health information, state retirement information, and at times, payroll or reimbursement checks). In the event you have a change of address, telephone number or emergency contact, send a completed **Update/Change Information Form** located on District Web site or in Human Resources Department. For marital status and dependent changes, you must fill out a new W-4. For name change you must provide a new social security card.