



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF CHARTER SCHOOLS

Charter Employee Personal Information

The personal information below is required for FL DOE Staff reporting for each charter school employee. This form should accompany PBSB 2177. Click the button titled, "PBSB 2177 Charter School Authorization" to be transferred to that form.

Print name as it appears on Social Security Card

First _____
Middle _____
Last _____
Previous Last Names _____

Date of Birth ____ / ____ / ____

Gender Male Female

Highest Education Level

High School BS/BA (Bachelor of Science/Arts) SP (Specialist)
 AS/AA (Associate of Science/Arts) MS/MA (Master of Science/Arts) PhD (Doctorate)

Home Address

Street _____
Apt _____
City _____
State _____ Zip Code _____ - _____

Telephone Numbers

Primary Number (Check one)

Home Telephone (____) ____ - ____
Cellular Number (____) ____ - ____

Email Address _____

Ethnicity* Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **(Check one box)** Yes No

Race (Check **all** race categories that apply)

Primary Race (Check one)

Race Categories* American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Signature of Employee *Date*

* The federal government requires the use of observer identification to identify race and ethnicity, as a last resort, if such information is not located in previous records or not provided by the employee.