



301 S. Main Street
Ector, TX 75439
www.ectorisd.net

New Employee Information Form

WILL NEED A COPY OF YOUR DRIVERS' LICENSE AND SOCIAL SECURITY CARD

Date: _____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

E-mail address: _____

Phone #: _____ Cell #: _____

Social Security #: _____ DOB: _____

DL's #: _____ State Issued: _____ DL Expiration Date _____

Teacher:

Yr. Started teaching _____ Last Year teaching at a district _____

Yrs. Experience certified teacher _____

Last State Step that you were on when teaching _____ (will be verified)

Retired from teaching: Yes _____ No _____ Date/Yr Retired: _____

Substitute:

Substituted before Yes _____ No _____

Aide:

Yr. started as a teacher's aide _____

Yrs. as a teacher's aide _____

Fingerprinting: Have you been Fingerprinted on or after January 2007

Yes _____ No _____