



Fort Calhoun Community Schools

New Hire Information

Full Name: _____

SSN#: _____

Preferred Name: _____

DOB: _____

Address: _____

City: _____

State: _____ Zip: _____

Mailing (if different): _____

Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact #: _____

Optional: Chose the category or categories that describes you

Race:

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Office use

Job Title: _____ EMP# _____

Leave Plan: _____

Onesource Received: _____ NPERS: _____

DHHS Received _____ Frontline: _____

Nebraska New Hire: _____

I-9 Forms _____

W4 _____ W4N _____