

**Chesterfield County Public Schools**

TB result brought to appt \_\_\_\_  
TB to be done \_\_\_\_  
Out of State CPS \_\_\_\_

**Personnel Data Form**

Please complete the following required information for our personnel records and background investigations.

**NAME:** \_\_\_\_\_  
Last First MI

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**POSITION WITH CCPS** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**GENDER:** Male / Female

**RACE:** Check appropriate category  
\_\_\_\_ American Indian or Alaskan native  
\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ Black  
\_\_\_\_ Caucasian  
\_\_\_\_ Latino

**HEIGHT:** \_\_\_\_\_ ft. \_\_\_\_\_ inches **WEIGHT:** \_\_\_\_\_ lbs.

**EYE COLOR:** \_\_\_\_\_ **HAIR COLOR:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_  
Month Day Year

**BIRTH STATE:** \_\_\_\_\_ (n/a if not born in US) **BIRTH COUNTRY:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Separated

**CONTACT INFORMATION:** \_\_\_\_\_  
Mailing Address (Include city and zip code)

(\_\_\_\_) \_\_\_\_\_  
(Area Code) Home phone number

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
(Area Code) Phone Number

Date: \_\_\_\_\_