



Central Office

196 W. Railway Ave. Paterson, NJ 07503

(973) 750-4401

www.pcsst.org

2023 – 2024 EMPLOYEE INFORMATION SHEET

Miss. Mrs. Ms. Mr. Dr. LTC. COL.

Name: _____
(Last) (First) (Middle)

Maiden Name: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Birthday: _____

Personal Email Address: _____

U.S. Citizen: Yes No Other _____

Country of Birth: _____

Native Language: _____ Race: _____

Other Language(s) Spoken: _____

Marital Status: Single Married Divorced Legally Separated Widowed Other

Current Position/Title @ PCSST : _____

EMERGENCY SCHOOL CLOSING

Please list the telephone number you would like us to use in case of an emergency school closing. This number will be included on the School Messenger List:

Phone # _____

EMERGENCY CONTACT

In case of an emergency, please provide the name and telephone number of the person you would like us to contact.

Name: _____ Relation: _____ Telephone: _____



FOR TEACHING STAFF ONLY

CERTIFICATION

List all certifications:

___ Standard	___ CEAS	___ CE	Certification: _____
___ Standard	___ CEAS	___ CE	Certification: _____
___ Standard	___ CEAS	___ CE	Certification: _____
___ Standard	___ CEAS	___ CE	Certification: _____

Please check the one which applies:

Alternate Route Location: _____

Traditional Route

EDUCATIONAL BACKGROUND

Highest Degree Achieved: _____ Year Achieved: _____

College/University Attended: _____

Subjects Highly Qualified In: _____

Are you pursuing an advanced degree? _____

If yes, in which subject? _____

Anticipated date of graduation? _____

Please remember to inform the Human Resources Dept. if there are any changes of the information provided on this form during the school year so that we may keep our records up to date (e.g. marital status, name change, cell phone number, address, etc.)