

# Conroe Independent School District Employee Information Card

Date completed \_\_\_\_\_ Hire date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

*Please use full name*

Name \_\_\_\_\_  
*Last name First name Middle name Maiden name Nickname*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Campus/Department \_\_\_\_\_ Position \_\_\_\_\_

Total years of experience \_\_\_\_\_ Years with CISD \_\_\_\_\_ Ethnic group  *Am. Indian*  *Asian*  *Black*  *Hispanic*  *White*