Herscher School District #2 501 N. Main St. PO Box 504 Herscher, IL 60941-0504

Employee Information Form

Please complete the following information relating to your current status. Anytime this information changes please notify the unit office.

Name	First	Middle	Last			
Address	Street C		City	State	Zip	
Social Security #		Telepl	Telephone #		Birthday	
EMERGEN	CY CONTACT	INFORMATION:				
Emergency Contact			Phone #	Phone # Relation to you		
Emergency Contact			Phone #	Relation to you		
Is there an	y informatior	you would like to	orovide in case of a	n emergency?	Ex. allergies	
Have you e		victed of any crime t been sealed or ex	e, including misdemounged?	eanors and	Check one ☐ Yes ☐ No	
If ves. expl	ain – giving d	ates:				