

**Town of Canton School Department—Employee Information Form**

Please fill out this form and return it to Administrative Assistant to the Superintendent. If your position is certified, please fill in the below information that matches the MA DESE certification system (ELAR).

Part 1: Demographic Information	
First Name-As printed on your certification	
Middle Name-As printed on your certification (full name or initials)	
Last Name-As printed on your certification	
Social Security Number	- -
Date of Birth (mm-dd-yyyy)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address (#, Street)	
Address (City, State, Zip)	
Home Telephone #	() -
Cell Telephone #	() -
Email Address	@
School(s) (please circle)	Preschool Hansen JFK Luce GMS CHS
Position	

Part 2: Emergency Information			
<i>Emergency Contact #1</i>		<i>Emergency Contact #2</i>	
Name:		Name:	
Relationship:		Relationship:	
Home #:		Home #:	
Work #:		Work #:	
Cell #:		Cell #:	

Part 3: Race and Ethnicity

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year staff data by race and ethnicity categories that are set by the federal government. The federal government recently changed the reporting categories used to report race and ethnicity to better reflect the increasing diversity of our Nation's population. With the new reporting categories, you may now identify yourself by ethnic group and by one or more racial groups.

Please answer BOTH questions 1 and 2. Please check the box that is appropriate for you.

1. What is your ethnicity, are you Hispanic or Latino?

- No, Not Hispanic or Latino
- Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is your race? **Please check the box(es) that is appropriate for you.**

- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
- Black or African American (A person having origins in any of the black racial groups of Africa).
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- American Indian or Alaska Native (A person having origins in any of the original peoples of North and south America (Including Central America), and who maintain tribal affiliation or community attachment).

Part 4: Certification Information

MEPID # (From MA DESE ELAR)	
Certification/License Number	
Certification/License Number Issued Date	
Waiver Information: <i>When you receive your license, please send a copy to Central Office to replace your waiver information.</i>	<input type="checkbox"/> Reason for Waiver: _____ <input type="checkbox"/> Expiration Date of Waiver: _____ <input type="checkbox"/> Waiver Subject: _____

Part 5: Degree Type

- Please fill out this section if you are applying for a non-certified position.
- If you have a MA MEPID and Certification/License # in the Part 4 section, please skip to Part 6.

Degree Type 1-	Code #
Degree Institution 1	
Degree Subject 1	
Degree Type 2	Code #
Degree Institution 2	
Degree Subject 2	
Degree Type 3	Code #
Degree Institution 3	
Degree Subject 3	

Degree Types: Code #	Code Description
001	Bachelor's (Baccalaureate) Degree (e.g., B.A., A.B., B.S)
002	Specialist's Degree (e.g., Ed.S.)
003	Master's Degree (e.g., M.A., M.S., M. Eng, M.Ed. M.S.W, M.B.A, M.L.S.)
004	Doctoral (Doctors) Degree, (e.g., Ph.D, Ed.D.)
005	First professional degree other than JD
006	Juris Doctor (J.D.)
007	Associate's Degree
008	Some College, but no degree
009	Post high school formal award, certificate or diploma (more than or equal to one year)
010	Post high school formal award, certificate or diploma (less than one year)
011	Post high school graduate (Grade 13)
012	High School graduate-high school diploma or equivalent
013	No high school diploma
014	Certificate of Advanced Graduate Study (C.A.G.S)

Part 6: Signature

I agree that the above information is accurate and understand if any of my information changes that I will contact the school department with my new information.

Signature of Employee _____ Date: _____