



101 WEST CENTER STREET, LOGAN, UT 84321
WWW.LOGANSCHOOLS.ORG

P 435 755 2300
F 435-755-2311

New Employee Information

Employee's Name : _____ (_____)
First Middle Last Maiden

Social Security Number: _____ - _____ - _____ Preferred First Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Home Address: _____
Street City State Zip Code

Date of Birth: _____ Gender: Female Male

Race:

- White
- American Indian or Alaskan Native
- Hispanic or Latino
- Asian
- Black or African American
- Pacific Islander
- Two or more races

Marital Status:

- Single
- Married

Emergency Contact: _____ Relationship: _____

Address: _____

Emergency Contact's Home Telephone: _____ Cell Number: _____

Please return this form to the Department of Human Resources
at the Logan City School District Office.