

Gloucester City Public Schools Employee Status Form

Please Check One

<input checked="" type="checkbox"/>	Hire New Staff Member – ALL INFORMATION REQUIRED
<input type="checkbox"/>	Hire Substitute Staff Member – ALL INFORMATION REQUIRED
<input type="checkbox"/>	Move Location of Staff Member (Room or Building) – Name, Replacing and Building Location REQUIRED

Last Name	
First Name	
Middle Initial	
Social Security Number	
DOE Tracking Number	
Date of Birth	
Gender (M or F)	
Race	
Address 1 (Number and Street)	
Address 2 (Apt Number)	
City, State, Zip Code	
Phone	
Job Title (and grade if applicable)	
Replacing (name of predecessor)	
Building Location	
Job Status (FT, PT, Sub, Coach)	
Degree (BA, MA, EdD)	
Year Degree was Earned	
School Where Degree was Earned	
District Experience	
New Jersey Experience	
Total Experience	
Salary Amount	
Step	
Additional Salary (Stipends)	
Start Date	
Employee Type (10, 11, 12 month, LTST)	
Provisional Program (Trad or Alt)	
Current Certificate 1	
Current Certificate 2	
Current Certificate 3	
Highly Qualified (Y, N, Praxis, House)	
For District Use Only	
Contract	
Medical Exam / TB Test	
Internet Form	
Official Transcript	
Criminal History Letter or Verification	