



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
HUMAN RESOURCES SECTION

SUPPLEMENTAL INFORMATION FORM

Name/Address Change Only

OFFICE/SCHOOL

NOTE → NEW EMPLOYEES: Complete entire form **CURRENT EMPLOYEES:** Complete social security number, name, and changes only

SOCIAL SECURITY NUMBER		LAST NAME		FIRST NAME		MIDDLE	
ADDRESS		CITY			STATE		ZIP
CONTACT PHONE ()		COUNTY OF RESIDENCE			COUNTY OF WORK		

RELEASE INFO. Yes No Permission to release home address to the Commissioner and/or staff due to illness or death in the family.

DISABILITY Yes No If you have a disability which impairs your ability to perform the essential functions of your position, please consult your supervisor and appropriate personnel policies for guidance on reasonable accommodations.

RACE/ETHNICITY (CHECK APPROPRIATE BOX)

01 WHITE (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

02 BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino) - A person having origins in any of the black racial groups or Africa.

03 HISPANIC OR LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

04 ASIAN (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

05 AMERICAN INDIAN/NATIVE ALASKAN (Not Hispanic or Latino) - 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.

06 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

07 TWO OR MORE RACES (Not Hispanic or Latino) - Persons who identify with two or more racial categories named above.

GENDER		MARITAL STATUS		DATE OF BIRTH	EMAIL ADDRESS
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Single		

Have you ever been convicted of a crime, excluding minor traffic violations? Yes No If Yes, please attach a confidential explanation.

Have you been dismissed or have you resigned after notice that you were being dismissed, for any reason within the last five years?
 Yes No If Yes, please attach a confidential explanation.

If you have prior Department of Elementary and Secondary Education (DESE) service or state service as an employee of another state agency/department, including Missouri State Colleges or Universities, please list below giving beginning and termination dates and any breaks in service.

STATE AGENCY/DEPARTMENT	DATE STARTED	DATE ENDED	NAME USED	RETIREMENT SYSTEM (MOSERS, PSRS, HWY)

In order for you to receive credit for the above prior service toward accruing leave at a higher rate, you may be required to secure a letter of verification from the Human Resources office of previous employers which states your Employment Dates.

If you have previously worked for another state agency and are employed by DESE without a break in service, you may transfer all of your sick leave balance, and the accrued annual balance up to the amount you are eligible to accrue in one year.

If it has been five years or less since leaving employment with the State of Missouri, your former sick leave balance at the time of termination will be reinstated.

List names of all relatives, and relationship, who work for DESE.

NAME	RELATIONSHIP

All degreed employees must have a transcript on file. All employees using college credit in lieu of experience must have a transcript on file.
Transcript Submitted: Yes No

EMERGENCY INFORMATION

CONTACT PERSON		ADDRESS	
RELATIONSHIP	TELEPHONE HOME	TELEPHONE WORK	

CERTIFICATION

I HEREBY CERTIFY that all information provided on this form and on my application materials are true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for my termination.

EMPLOYEE'S SIGNATURE	DATE
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