

County of Albemarle  
Human Resources Department

**TEMPORARY SUBSTITUTE Employee Personal Data Sheet**

Instructions: The following data is needed to establish a personnel record for you as a new employee in Albemarle County. Please complete all information and, if changes occur, be sure to notify the Human Resources Department. Forms for such changes are available through Human Resources. Forms are also available on-line at [www.albemarle.org/hr](http://www.albemarle.org/hr).

Name: \_\_\_\_\_  
*(Last) (First) (Full Middle)*

Social Security #: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

Mailing Address: \_\_\_\_\_  
*(If different from shown above)*

Are you, or will you be a student teacher in Albemarle County?  Yes  No  
If yes, where? \_\_\_\_\_

Applying for substitute employment as:

- Clerical  Extended Day Enrichment Program (EDEP)  Homebound Instructor  School Lunch  
 School Nurse  Teacher  Teaching Assistant

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex:  Male  Female

Race:  White  Black  Hispanic  Asian  American Indian  Two or more races  Pacific Islander

Name of School or Department: \_\_\_\_\_

Position: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_  
*(Last) (First) (MI) (Relationship)*

Address: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

\_\_\_\_\_  
*(Employee Signature)*

\_\_\_\_\_  
*(Date signed)*