



JUDITH T. WON PAT, Ed.D.  
Acting Superintendent of Education

DEPARTMENT OF EDUCATION  
HUMAN RESOURCES DIVISION

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KATHERINE M.P. ADA  
Personnel Services Administrator

**EMPLOYEE INFORMATION SHEET**

Name of Employee: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The information above is considered directory in nature and not subject to prior consent before release.

**The information below is confidential and solely for the use of the DEPARTMENT OF EDUCATION and will not be released except upon the expressed written consent of the employee.**

**RESIDENTIAL (HOME) ADDRESS IF DIFFERENT FROM MAILING ADDRESS:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Complete employee information sheet using the codes provided on the left hand column, where applicable:**

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Veteran: \_\_\_\_\_  
No = Not a Veteran  
VET = Veteran  
PER = Persian Gulf Vet.  
KOR = Korean War Vet.  
VIET = Vietnam War Vet.  
WWII = WWII Veteran

**TWO % EMPLOYMENT PROGRAM**

\*This is a GovGuam Program for Persons with Disabilities

Yes  
 No

Are you an Active Member of the Armed Forces or Reserve Component?

Yes Branch: \_\_\_\_\_  
 No

Ethnic Group: \_\_\_\_\_  
A - Asian/Pacific Islander  
B - African American  
C - Chamorro  
D - Chinese  
F - Filipino  
G - Palauan  
H - Hispanic  
I - American Indian/  
Alaskan Native  
J - Japanese  
K - Korean  
M - Marshallese  
N - Not Listed  
P - Phonepian  
S - Carolinian  
T - Chuukese  
V - Vietnamese  
W - Caucasian  
O - Other: Specify: \_\_\_\_\_

U.S Citizen:  Yes  No  
Sex:  Female  Male  
Employment History with DOE: \_\_\_\_\_  
1. First Employment with DOE  
2. Former DOE Employee  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Other Name (e.g. Maiden Name):  
\_\_\_\_\_  
Marital Status:  
 Single  
 Married  
 Divorced  
 Separated  
 I prefer not to disclose

Person with a Disability:  Yes  No

OPTIONAL: If you are a person with a disability, please indicate the appropriate code. \_\_\_\_\_

H - Hearing Impairment  
PH - Physical Impairment  
MP - Mental/Psychological Impairment

L - Learning Impairment  
SP - Speech Impairment  
VP - Visual Impairment