

NEW EMPLOYEE Sign-Up Form

HRMS
 AESOP
 IT TICKET

Social Security Number		School SITE:		Hire Date:	
Last Name		First Name		Middle Name	
Maiden Name					
Position Title:					
Address				Date of Birth	
City		State		Mo	Day
		Zip			Yr
Race	Sex	E-Mail Address		Prior Employment at other NC State Agencies/School Districts - please list:	
Home/cell Phone number- REQUIRED		Additional phone number		Phone Unlisted yes no	
Required - EMERGENCY CONTACT:					
Name			Relationship to Employee		
Home Phone		Work Phone		Cell Phone	

Initial-Copy Received	Asheville City Schools Board Policies
	Drug Policy (BOE Policy 7240)
	Staff and Student Relations Policy (BOE Policy 7310)
	Prohibition Against Discrimination, Harassment and Bullying (BOE Policy 1710)
	Confidential Information (BOE 7315)
	Communicable Diseases - Employees (BOE Policy 7262)
	Employee Dress and Appearance (BOE 7340)
	Instructions to view pay stubs online (Employee portal access)

I have read the job description and minimum qualifications or standards required to perform essential job functions section for my position and attest that I can carry out all functions with:

Initial	Job Description / Modification Information
	NO MODIFICATION NEEDED
	MODIFICATION IS NEEDED AS LISTED:

Signature of New Employee	Date
---------------------------	------