

Autauga County Career Tech



FACULTY INFORMATION SHEET

DATE ____ / ____ / ____ SCHOOL SITE: _____

FACULTY MEMBER PRINTED NAME _____
(THE WAY YOUR NAME IS LISTED AT PAYROLL)

POSITION _____ CTE PROGRAM _____

YEARS TEACHING OVERALL _____ YEARS TEACHING IN AUTAUGA CO. _____

YEARS AT CURRENT SCHOOL SITE _____

COURSES CURRENTLY TEACHING _____

PHONE (CELL) (____) _____ PHONE (HOME) (____) _____

MAILING ADDRESS _____

CITY _____ AL ZIP CODE _____

PHYSICAL ADDRESS _____

CITY _____ AL ZIP CODE _____

BIRTHDAY ____ / ____ / ____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE (CELL) (____) _____

EMERGENCY CONTACT PHONE (HOME) (____) _____

EMERGENCY CONTACT ADDRESS _____

CITY _____ AL ZIP CODE _____

PHYSICIAN'S NAME _____

CONTACT PHONE (____) _____

PHYSICIAN'S ADDRESS _____

CITY _____ AL ZIP CODE _____