



**NEW TEACHER
INFORMATION FORM
2019-2020**

Name: _____

Employee ID#: _____

Last 4 Digits of SSN# _____

School: _____

Program/Content Area: _____

Room #: _____

Cell phone #: _____

Home phone #: _____

Birthdate: _____

Certificate Area(s): _____ Expiration date: _____

Certificate Level: _____

Salary Step #: _____

GACTE Member: Yes/No: _____

Other Professional Memberships/Credentials _____

