



NEW EMPLOYEE INFORMATION

Name: _____ Position: _____

First day of work: _____

Location(s): Cove School: ___ Neil Cummins: ___ Hall: ___ District Office: ___ District Wide: ___

Have you ever been a member of the Public Employees Retirement System (PERS)? ___ Yes ___ No

Date of membership: _____

Have you ever been a member of the State Teachers Retirement System (STRS)? ___ Yes ___ No

Date of membership: _____

TB RISK ASSESSMENT

In accordance with Education Code 49406 and Safety Codes 121525-121555, every school employee must undergo a TB Risk Assessment, administered by a licensed health care practitioner, **PRIOR TO EMPLOYMENT**, and at least once every four years thereafter. If you do not wish to participate in an assessment, then you must submit proof of TB testing that is current within four years.

Your health provider or the school nurse may administer the assessment. Please contact Human Resources or a site secretary for information on how to best contact the school nurse to schedule an appointment.

Please identify your race per Federal requirements. For more information on Federal Requirements, please visit: [Federal Race Reporting Requirements](#)

Are you Hispanic or Latino? ___ Yes ___ No

Select one or more races from the following:

___ American Indian or Alaska Native	___ Black
___ Asian	___ White
___ Native Hawaiian or Other Pacific Islander	