



AQUINAS CATHOLIC SCHOOLS  
 315 11<sup>TH</sup> SOUTH STREET SUITE 2200  
 LA CROSSE, WI 54601  
 PH: 608-784-8585 FAX: 608-784-9988  
 (Type/Print all information in ink)

9/2021

# NEW AQUINAS EMPLOYEE INFORMATION

FULL NAME: \_\_\_\_\_  
Last First Middle

NAME PREFIX: \_\_\_\_\_ FORMER LAST NAME: \_\_\_\_\_  
Name Prefix and Last Name—Mr., Mrs., Miss, or Ms

ADDRESS: \_\_\_\_\_  
House Number & Street City State Zip

PHONE NUMBER: \_\_\_\_\_  
Home Number (leave blank if none) Cell Number

EMAIL ADDRESS: \_\_\_\_\_  
Aquinas Email: fullfirst.fulllast@aquinasschools.org Personal Email (not required)

JOB TITLE:  Teacher  Counselor  Technology  Secretary  
 Principal  Para-Professional  Other \_\_\_\_\_

LOCATION:  Aquinas HS  Aquinas MS  Blessed Sacrament  Cathedral  St. Patrick  ACS Central  
 Work Number: 608.784.0287 608.784.0156 608.782.5564 608.782.5998 608.783.5483 608.784.8585  
 Building Code: 400 300 250 200 100 000

For statistic purposes only:

FEDERAL RACE (check all that apply):  
 1-American Indian or Alaskan Native  2-Asian  3-Black or African American  
 4-Native Hawaiian or Other Pacific Islander  5-White

Ethnicity (check only one):  
 Hispanic/Latino Ethnicity  Non-Hispanic or Latino Ethnicity

LOCAL RACE (check only one):  
 Asian  Black  Hispanic  Indian  Multiracial  White  Other

**Welcome to the Aquinas Family!**  
**We are Glad to Have You!**

**ACS CENTRAL OFFICE**

- ACS Human Resources office will create email address.
- Send a copy of this form to the appropriate school building office. The office is to complete the items in the box and enter the staff member into Skyward.

**TO BE COMPLETED BY SCHOOL OFFICE**

INITIALS: \_\_\_\_\_ SHORT NAME: \_\_\_\_\_  
first and last initial, both capitalized (2 characters) first initial, space, last name (up to 10 characters)

LONG NAME: \_\_\_\_\_ EMAIL: (if home email, enter Aquinas email first followed by a semicolon with no spaces and then the home email)  
See Title (Long Name) above: Formal addressed name

TITLE (type in-see Job Title above): **Teacher, Counselor, Technology, Secretary, Principal, Para-Professional or Other**

STAFF TYPE (only if Teacher or Counselor check box):  Teacher  Counselor

ENTER ENTITY/EDIT/BUILDING: \_\_\_\_\_  
See Location/Building Code above

- Send a copy of this form to the Skyward coordinator to allow this employee to have Skyward rights.
  - Send a copy of this form to the appropriate school building Technology Coordinator.
- \*All ACS Central Office employees must also be active in entity 400.**