

New Employee Information

Employer Complete

New Hire Rehire Previous Name (if applicable) _____

EMPLOYMENT DATA

Job Title _____ Date of Hire ____/____/____

Rate of Pay _____ Grade _____

- Hourly Salaried
 Full-time Part-time
 Seasonal - Scheduled Days and Hours

Supervisor/Manager Signature _____ Date ____/____/____

Employee Complete

PERSONAL DATA

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____ - _____ Date of Birth ____/____/____

Personal E-mail Address (optional) _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Emergency Telephone Number (____) _____ - _____

Employee Signature _____ Date ____/____/____