

New Employee Information

PERSONAL INFORMATION

Name: _____
Home Address: _____

Home Phone: _____
Cell Phone: _____
Social Security #: _____
Date of Birth: _____
Emergency Contact: _____
Emergency Phone: _____

EMPLOYMENT INFORMATION

Hire Date: _____ Salary Rate: _____
Benefits Eligible Date: _____ Hourly Rate: _____
Job Title: _____
Business Unit: _____
Business Division: _____
Supervisor: _____

STATUTORY COMPLIANCE

Gender: _____
Ethnicity: (Circle One)
American Indian or Alaska Native Asian Black or African American Hawaiian or Other Pacific Islander Hispanic or Latino White
Veteran Status: _____
Discharge Date: _____

Internal Use Only

Payroll File Number: _____
Badge Number: _____