



New Employee Information

Employer Complete

New Hire Rehire

Previous Name (if applicable) _____

EMPLOYMENT DATA

Job Title: _____ Date of Hire: ____/____/____

Rate of Pay: _____

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 ____/____/____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Emergency Telephone Number(s) 1. (_____) - _____ 2. (_____) - _____

Employee Signature: _____ Date: ____/____/____