

NEW EMPLOYEE INFORMATION FORM

Employee Name _____

(please print)

Client Name _____

EMPLOYEE MASTER FILE

Social Security Number: _____ - _____ - _____

ESI Start Date: _____ / _____ / _____

Permanent Address:

Employee Hire Date: _____ / _____ / _____

Employee Re-Hire Date: _____ / _____ / _____

City: _____

State: _____ **Zip: (Required)** _____

State Employee WORKS in: _____

County: _____

Birth Date: _____

Pay Period (check one)

Home Phone: _____

Weekly Monthly Bi-Weekly Semi-Monthly

Work Phone: _____

Email Address: _____

Standard Hours: _____

Job Title: _____

Pay Type:

Occupation Class (EEOC) Code: _____

_____ Hourly **Pay Rate:** _____ (hourly)

Department #: _____

_____ Salary **Pay Rate:** _____ (annually)

Work Status (check one):

_____ Commission

_____ Full Time _____ Part Time Other: _____

_____ Exempt _____ Non-Exempt

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Phone: _____

****Manager's Authorization:** _____

Date: _____

NOTE: NEW TAX FORMS AND I-9 FORMS ARE NOT REQUIRED IF RE-HIRE OCCURS WITHIN 30 DAYS OF THE ORIGINAL TERMINATION DATE.