

WAGE AND STATUS

NEW EMPLOYEE INFORMATION FORM

BENEFITS ELIGIBLE: ☐ YES ☐ NO

GENERAL INFORMATION

First Name	Middle Initial	Last Name	Suffix (Jr, Sr, III, etc.)
Social Security Number	Date of Birth	Gender	Marital Status
- -		F <input type="checkbox"/> M <input type="checkbox"/>	Single <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> Sep. <input type="checkbox"/>
Spouse First Name	Spouse Middle Initial	Spouse Last Name	Spouse Date of Birth
Address		Address Line 2 (if needed)	Emergency Contact
City	State	Zip	Home Phone Number/Cell
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JOB INFORMATION

Job Title/Job Code	Supervisor Name	Location	Department
/			
Hire Date/ Effective Change Date	Work Location	Annual Salary/Hourly Rate	Full Time Hourly <input type="checkbox"/> F/T Salary <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/>
			Bi-Weekly Hours <input type="checkbox"/> Night shift? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION INFORMATION

Highest Degree Obtained or Coursework Completed			Major / Course of Study / License	
GED <input type="checkbox"/> High School <input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Military <input type="checkbox"/> University/College <input type="checkbox"/> Graduate School <input type="checkbox"/> Post Graduate School <input type="checkbox"/>				
Start Date	End Date (Graduation)	School / Institution	Degree Completed	Degree Received
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MSW <input type="checkbox"/> Other (please specify) <input type="checkbox"/>

OTHER KEY INFORMATION

A. Ethnic Origin		B. Military Status	
American Indian/Alaskan <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black/Not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/>		Inactive <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Reserve <input type="checkbox"/> On Call <input type="checkbox"/>	
C. Veteran Status		C1. Disability/Date of Disability	D. Type of Position- W-11 Information- Check one
Special Disabled <input type="checkbox"/> Vietnam-era Veteran <input type="checkbox"/> Other Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="radio"/> New position <input type="radio"/> Filled existing position that was vacated by an employee who left voluntarily or for cause <input type="radio"/> Neither statement applies

TO BE COMPLETED BY PAYROLL

Employee Number	Position Number	Bi-weekly/Hourly Rate	Entered By	Date

Supervisor Signature _____ Date _____