

**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		Phone Number
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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"/> Full Time Salary <input type="checkbox"/> Part Time Hourly <input type="checkbox"/> Part Time Salary <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Total Hours _____ Bi-Weekly <input type="checkbox"/> Total Hours _____

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) _____

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"/>

TO BE COMPLETED BY BOOKKEEPER/ACCOUNTANT

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

Supervisor Signature _____ Date _____