

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___ M___		Single ___ M___ W___ D___ Sep. ___	
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	
				() -		() -	
E-MAIL ADDRESS							

JOB INFORMATION

Job Title/Job Code		Supervisor Name		Location		Department	
/							
Hire Date/ Effective Change Date		Work Location		Annual Salary/Hourly Rate		Full Time Hourly ___ F/T Salary ___ Part Time ___ Per Diem ___	
						Bi-Weekly Hours _____ Night shift? Yes__ No____	

EDUCATION INFORMATION

Highest Degree Obtained or Coursework Completed				Major / Course of Study / License			
GED ___ High School ___ Professional ___ Technical ___ Military ___ University/College ___ Graduate School ___ Post Graduate School ___							
Start Date	End Date (Graduation)	School / Institution		Degree Completed		Degree Received	
				Yes ___ No ___		Diploma ___ BA ___ BS ___ MSW ___ Other (please specify) _____	
OTHER KEY INFORMATION A. Ethnic Origin				B. Military Status			
American Indian/Alaskan ___ Asian or Pacific Islander ___ Black/Not Hispanic ___ Hispanic ___ White/Not Hispanic ___				Inactive ___ Active ___ Retired ___ Inactive Reserve ___ Reserve ___ On Call ___			

TO BE COMPLETED BY BOOKKEEPER/ACCOUNTANT

below:

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

Supervisor Signature _____ Date _____