



## New Employee Information

### Employer Complete

New Hire       Rehire      Name (if applicable) \_\_\_\_\_

### EMPLOYMENT DATA

Job Title \_\_\_\_\_ Date of Hire \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rate of Pay \_\_\_\_\_ Annual Plans for SCs \_\_\_\_

- Hourly       Salaried  
 Full-time       Part-time  
 W2 Form completed

Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Employee Complete

### PERSONAL DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail Address \_\_\_\_\_

### Bank Information for direct deposit:

Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Bank Name \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_