

NEW EMPLOYEE FORM

DATE: _____

NAME: _____

PLEASE PRINT

SOCIAL SECURITY #: _____ BIRTH DATE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ MARITAL STATUS _____

CIRCLE ONE: HOME, CELL, OTHER

EMAIL ADDRESS: _____

IN CASE OF EMERGERENCY NOTIFY: _____

RELATIONSHIP _____ TELEPHONE # _____

HOME, WORK, CELL, OTHER

SUPERVISOR'S SECTION

DATE OF EMPLOYMENT: _____

DEPARTMENT NAME: _____ DEPARTMENT #: _____

SCHEDULED HOURS PER PAY PERIOD: _____

POSITION TITLE: _____ PAY TYPE _____

ACCOUNT NUMBER TO BE PAID FROM: _____

STATUS: _____ FULL TIME PERMANENT - 35 TO 40 HOURS WEEKLY
_____ TEMPORARY – WORKING LESS THAN 1 YEAR, # MONTHS _____
_____ PART TIME .
_____ SEASONAL _____ ELECTED OFFICAL
_____ FIREFIGHTER/EMT _____ LONG TERM SUB

PAY FREQUENCY: _____ GRADE _____ STEP _____
(PLEASE PROVIDE AUTHORIZATION IF EMPLOYEE HIRED AT OTHER THAN STEP 1)

SALARY: _____ HOURLY /WEEKLY RATE _____

ACCRUALS: VACATION _____ SICK _____ PERSONAL _____

SUPERVISOR'S SIGNATURE _____ DATE _____