



NEW HIRE INFORMATION SHEET

OFFICE ONLY

START DATE: _____
 PAY RATE: _____
 PER DIEM: _____
 FRINGE: _____
 DATE I9 VERIFIED: _____
 DIRECT DEPOSIT: YES OR NO (CIRCLE ONE)

SOCIAL SECURITY NUMBER: _____ - _____ - _____

EMPLOYEE NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

MAILING ADDRESS IF DIFFERENT THAN ABOVE: _____

PHONE: _____

CELL: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

DATE OF BIRTH: _____

CHILD SUPPORT ORDER: YES NO (CIRCLE ONE)

WEIGHT OR HEIGHT RESTRICTIONS? YES NO (CIRCLE ONE)

IF YES, EXPLAIN _____

ANY PHYSICAL LIMITATIONS? YES NO (CIRCLE ONE)

IF YES, EXPLAIN _____

This Employer is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, national origin, handicap or marital status. We assure you that your opportunity for employment with the Employer depends solely on your qualifications.

Ethnicity Survey: Hispanic _____ African American _____ American Eskimo _____ Asian _____ Caucasian _____ Other _____