

New Employee Information Sheet

Personal Information (To be completed by the employee)

Name: _____
(First) (Middle) (Last)

Address: _____ City/State/ZIP: _____

DOB: ___ / ___ / _____ Gender: _____ SSN: _____ - _____ - _____

Race/Ethnicity: _____ If Other: _____

Marital Status: _____ Spouse's Name: _____

Church Denomination: _____

Contact Information:

Personal/Cell Phone Number (____) - ____ - _____ Email Address _____

Emergency Contact Name _____

Emergency Contact Number (____) - ____ - _____

Employment Information (To be completed by Human Resources)

Primary Position: _____ Department: _____

Date of Hire: ___ / ___ / _____

Hours/week: _____ Weeks/year: _____ Months/year: _____

FTE: _____

Exempt/Non-Exempt: _____ Hourly/Salary: _____

Pay: \$ _____