

NEW HIRE FORM



DATE:

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR SUPERVISOR PRIOR TO YOUR START DATE

NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
PHONE NUMBER:	

----- OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE -----

DEPARTMENT/DEPARTMENT HEAD:

THIS EMPLOYEE WILL BE:

PERMANENT: CALL-IN:

START DATE & PERMANENT SCHEDULE:	
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**DEPARTMENT MANAGERS/SUPERVISORS, PLEASE SUBMIT THIS FORM TO:
J.PINZ, ACCOUNT CLERK, BUSINESS OFFICE FOR PROCESSING.**