

# New Hire Data Input Form

## Employee Section

Client: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Personal E-Mail Address: \_\_\_\_\_ Work E-Mail Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex:  Male  Female Vet Status (optional): \_\_\_\_\_

Marital Status:  Single  Married  Divorced

Race:  Caucasian  African-American/Black  Hispanic/Latino  American Indian/Alaskan Native  
 Asian  Native Hawaiian/Pacific Islander  Two or More Races  Other/Opt Out

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Are you subject to wage assignment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order?  Yes  No

(Initial) \_\_\_\_\_ I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

## Client Section

Job Title: \_\_\_\_\_

Pay Period:  Weekly  Bi-weekly  Semi

Job Description: \_\_\_\_\_

Pay Type:  Hourly  Salary  Commission  Piece

Original Hire Date (MM/DD/YYYY): \_\_\_\_\_

Salary:  Exempt  Non-Exempt

Department: \_\_\_\_\_

Pay Rate:  Primary  #2  #3  #4

Location: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Division: \_\_\_\_\_

Status (Full/Part-Time/Seasonal/Temp): \_\_\_\_\_

Workers' Comp Code: \_\_\_\_\_