(INSERT COMPANY LOGO)

**NEW HIRE FORM**

*Please Print All Information*

**Payroll Instructions**

|  |  |  |
| --- | --- | --- |
| Employee #:  | Job Title: | Department:  |
| New Hire/Rehire Date: | Pay Rate: | Work Status: (circle one)Full-time (30+ hours/week) Part-time   |

**General Information**

|  |  |  |
| --- | --- | --- |
| Name:  | Birthdate:  | Marital Status: (circle one)Single Married Divorced Widow |
| Social Security Number:  | Preferred Phone: | Email: |
| Street Address: | City, State: | Zip Code: |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Name:  | Relationship: |
| Phone: | Alternate Phone: |

Please send the following to human resources:

Email us at (Insert Email) or fax to (Insert Fax)