

New Hire Information Sheet

Legal Name		Date of Birth			Employee ID #	
Home Address			City	State	Zip	
Mailing Address if different						
Home Phone #				Cell Phone #		
Race/Ethnicity: *	Asian/Pacifi	c Islander		Caucasian/White		
	American Ir	American Indian/Native Alaskan				
	Black/Africa	n American				
Gender:	Male	Female				
Marital Status:	Single	Married				
Emergency Contacts (li Name:	st two):		Name:			
Address			Address —			
Phone (H)			Phone (H)			
Phone (Cell)			Phone (Cell)			
Phone (W)			Phone (W)			
Relationship:			Relationship:			
For full-time employees, th	ne pre-tax retireme	nt contribution	is mandatory	and will be deducted fro	om your paycheck.	
Signature of Employee:				Date:		