

**NEW HIRE**

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete entire sheet and fax it to your Service Center team prior to employee’s start date.

Client Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name M.I.

Social Security#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has This Person Worked for You Before ( ) Yes ( ) No, If yes, original hire date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W/C Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Information

( ) Non-Exempt from Overtime ( ) Exempt If Exempt, Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Type: ( ) Salary ( ) Hourly ( ) Commission ( ) Full Time ( ) Part Time

Does the Employee Receive Tips? ( ) Yes ( ) No

Regular Rate of Pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate of Pay for Other Positions $\_\_\_\_\_\_\_\_\_

 (Include if employee works in more than one position)

**Prior to employee’s start date, please fax this information to (863) 967-1616.**