

New Employee Information

Employee Data

Name: _____ S.S.N.: - -
LAST FIRST M.I.

Current Address:

City: _____ State: _____ Zip: _____

Phone: _____ How long have you resided at current address?

Prior Address:

City: _____ State: _____ Zip: _____

Phone: _____ How long did you reside at prior address?

Are you over 18 years of age? Yes No Sex: Male Female

Have you worked for this company in the past? Yes No
If so, when?

Names of friends or relatives who presently work for this company:

Emergency Contact Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

How is this person related to you?

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

How is this person related to you?

Employment Position

Position: _____ Date started: _____ Starting salary: _____

Job responsibilities:

Training Requirements

Type of training	Location	Amount of time needed	Dates

Previous Relevant Training

Date of Training	Location	Describe training received

General

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

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Military

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch: _____
Served from _____ / _____ / _____ to _____ / _____ / _____	Rank: _____
Do you have any military commitment, including National Guard service that would influence your work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, explain: _____	
Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a special disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REASONABLE ACCOMMODATIONS: In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

Additional Information

Authorization

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that if employed, falsified statements on this form will be grounds for dismissal.

Employee Signature: _____ Date: _____