

# 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: **n/a**  
 City: **n/a** State: **n/a** Zip: **n/a**

**Home** Phone: \_\_\_\_\_ How long did you reside at prior address? **n/a**

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

Have you worked for this company in the past?  Yes  No **email address**  
 If so, when? \_\_\_\_\_

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

## 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:

\_\_\_\_\_

**Military**

Have you served in the military?  Yes  No      Branch: \_\_\_\_\_

Served from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Rank: \_\_\_\_\_

Do you have any military commitment, including National Guard service that would influence your work schedule?  
 Yes  No

If so, explain: \_\_\_\_\_

Are you a Vietnam veteran?  Yes  No      Are you a disabled veteran?  Yes  No

Are you a special disabled veteran?  Yes  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: \_\_\_\_\_