



NEW EMPLOYEE INFORMATION FORM

PERSONAL DATA (as shown on last issued Social Security Card)

First Name (name must match the name on latest Social Security Card) Middle (name must match the name on latest Social Security Card) Last (name must match the name on latest Social Security Card)	
Social Security Number	Date of Birth
Address	
City/State/Zip	Home Phone ()
Emergency Contact Name	Relationship
Address	Emergency Contact Phone ()
Employee's Signature	Date

THIS SECTION MUST BE COMPLETED BY THE WORK-SITE EMPLOYER

Employee Job Title	Job Function (e.g. Clerical)
Division/Department	Workers' Compensation Code
Client Date of Hire	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/On-Call/Seasonal
State(s) in which Employee Works	State of Employee's Primary Residence

PAY CODE

<input type="checkbox"/>	Hourly employee non-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee not-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee exempt from overtime per the Fair Labor Standards Act (FLSA)

EMPLOYEE'S PAY FREQUENCY

<input type="checkbox"/> Monthly	Rate: \$	Per	<input type="checkbox"/> Year
<input type="checkbox"/> Semi-Monthly			<input type="checkbox"/> Month
<input type="checkbox"/> Bi-Weekly			<input type="checkbox"/> Pay Period
<input type="checkbox"/> Weekly			<input type="checkbox"/> Hour