



New Hire Data Input Form

Employee Section

Client: _____

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Personal E-Mail Address: _____ Work E-Mail Address: _____

Home Number: _____ Cell Phone: _____

Sex: Male Female Vet Status (optional): _____

Marital Status: Single Married Divorced

Race: Caucasian African-American/Black Hispanic/Latino American Indian/Alaskan Native
 Asian Native Hawaiian Two or More Races Other/Opt Out

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: _____

Are you subject to wage assignment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order? Yes No

(Initial) _____ I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

Client Section

Job Title: _____

Pay Period: Weekly Bi-weekly Semi

Job Description: _____

Pay Type: Hourly Salary Commission Piece

Original Hire Date (MM/DD/YYYY): _____ Department: _____

Salary: Exempt Non-Exempt

Location: _____

Pay Rate: Primary #2 #3 #4

Division: _____

Amount: \$ _____

Status (Full/Part-Time/Seasonal/Temp): _____

Workers' Comp Code: _____