



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: _____

Job Description: _____

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

Location: _____

Division: _____

Pay Period: ☐ Weekly ☐ Bi-weekly ☐ Semi

Pay Type: ☐ Hourly ☐ Salary ☐ Commission ☐ Piece

Salary: ☐ Exempt ☐ Non-Exempt

Pay Rate: ☐ Primary ☐ #2 ☐ #3 ☐ #4

Amount: \$ _____

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

Workers' Comp Code: _____