

# NEW HIRE FORM

Please Print Clearly



DATE \_\_\_\_\_

\* NAME \_\_\_\_\_ \* SSN \_\_\_\_\_

\* ADDRESS \_\_\_\_\_

\* CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP \_\_\_\_\_

\* BIRTH DATE \_\_\_\_\_ \* HIRE DATE \_\_\_\_\_

\* RATE OF PAY \_\_\_\_\_ \* FULL/PART TIME \_\_\_\_\_

POSITION \_\_\_\_\_ RACE \_\_\_\_\_

DIVISION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

\* WITHHOLDING W4 (ATTACH W-4 FORM)

RETIREMENT \_\_\_\_Y \_\_\_\_N

HEALTH INS \_\_\_\_Y \_\_\_\_N

\* EMAIL ADDRESS \_\_\_\_\_

OTHER \_\_\_\_\_

\* TAX COMPLIANCE: Has employee paid the LST tax at another job \_\_\_\_\_

\* MUNICIPALITY/TOWNSHIP OF RESIDENCE \_\_\_\_\_

\* SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

\*required information