

New Employee Form

Name: _____

Personal Email: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Hire Date: _____

Full-Time

Part-Time

Seasonal – End Date: _____

Rate of Pay: _____

Hourly

Salary (weekly/bi-weekly/monthly/annually)

Benefits:

Health Insurance _____

Retirement/IRA _____

Vacation/PTO _____

Other _____