

# NEW EMPLOYEE FORM

## Section 1: Employee Information

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth (DOB): \_\_\_\_\_ Gender: Male Female

Highest Level Education: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Ethnicity/Race: (Check as many as apply)

American Indian or Alaska Native

Asian

Black or African American

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Native Hawaiian or Other Pacific Islander

White

Other

Referred by: \_\_\_\_\_

## Section 2: Dependents (Please complete this section only if electing dependents health insurance)

Name of Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

No. of Children: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Section 3: Project Details

Client Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Work Location Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Section 4: Emergency Contact Information – USA

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 5: Emergency Contact Information - Other

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Section 6: To be completed by HR (Do Not Complete)

SST LLC

SST INC

TechPillars

CGS

Date of Joining: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Company Code: \_\_\_\_\_ Payroll: \_\_\_\_\_

Reporting To: \_\_\_\_\_ Department Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Performance Evaluation: \_\_\_\_\_

Status: \_\_\_\_\_ Expiration: \_\_\_\_\_