

Joining Form

Section 1: Employee Personal Information

First and Middle Name: _____ LastName: _____

Date of Birth: _____ 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)

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

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Referred by: _____

Section 2: Dependents (Please complete this section only, if electing Dependants Health Insurance)

Name of Spouse: _____ DOB: _____ No. of children: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Section 3: Project Details

Client Name: _____ Work Phone: _____

Work E-mail: _____

Work Location

Street: _____ 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)

Date of Joining : _____ Employee ID#: _____

Company Code: Payroll:

CGS

Reporting To: _____ Performance Evaluation: _____

Status: _____ Job Title: _____

Expiration:

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