

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)

Company Name: _____

Date of Joining: _____ Employee ID#: _____

Company Code: _____ Payroll: _____

Reporting To: _____ Department Name: _____

Job Title: _____ Performance Evaluation: _____

Status: _____ Expiration: _____