



## Action Notice for Temporary Agency/Contract Hires Only

JACOBS ENGINEERING GROUP INC. AND ALL SUBSIDIARIES

EMPLOYEE NAME: \_\_\_\_\_ CO: \_\_\_\_\_ P.U.: \_\_\_\_\_ DEPT: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

(A) - PERSONAL DATA						
RESIDENT ADDRESS		CITY	STATE	ZIP CODE	COUNTRY	PHONE NUMBER
WORK PHONE NUMBER		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	
VIETNAM ERA <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABLED VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	ALIEN REGISTRATION NO. EXP. DATE:		
EMERGENCY CONTACT			RELATIONSHIP		PHONE NUMBER	

(B) - JOB DATA						
HIRE DATE	REHIRE DATE	FUNCTION CODE	LEVEL	GRADE	FUNCTION TITLE	
FLSA (N or E)	OT CODE (P,S or N)	CHECK SORT	WORKERS COMP CODE	BASE RATE <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	\$	
EEO CATEGORY CODE	EEO RACE CODE	WORK LOCATION CODE:	PROJECT NO. ASSIGNED	ST. ASSIGNED FOR TAXES		
WORK SCHEDULE CODE <input type="checkbox"/> B - 4½ DAY WEEK <input type="checkbox"/> D - 5x8 DAY WEEK <input type="checkbox"/> E - 4x10 DAY WEEK (MON.-THURS.) <input type="checkbox"/> F - 4x10 DAY WEEK (TUES. - FRI.) <input type="checkbox"/> G - USAGE RESTRICTED				HUMAN RESOURCES REPRESENTATIVE:		
EMPLOYMENT STATUS <input type="checkbox"/> (F) FULL TIME (40 HRS) <input type="checkbox"/> (P) PART TIME (1-20 HRS) <input type="checkbox"/> OTHER				SOCIAL SECURITY NUMBER:		
HOURS WORKED PER WEEK		AGENCY OR REFERRAL SOURCE		VENDOR #		

(C) - COMMENTS

(D) - HIRING APPROVALS (Normally two approval signatures are required)				
SUPERVISOR NAME	SOCIAL SECURITY NO.	INPUT BY:	INPUT STAMP	DATE
SUPERVISOR'S SIGNATURE		DATE	REGIONAL HR MGR.	DATE
LOCAL HR		DATE	CORPORATE HR	DATE

WHITE - Corp. HR      YELLOW - Local HR