



NEW EMPLOYEE INFORMATION FORM

Employee Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

In Case of Emergency:

Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Employee Signature: _____ Date: _____

For Superintendent Use Only

Date of Employment: _____ Hired by: _____

Rate of Pay _____

Supt. Signature: _____ Date: _____