



New Hire Information Form

Client Name:

Address:

City: State: Zip:

Phone:

Employee Information

Last Name: First Name: Middle

Address:

City: State: Zip:

Social Security Number: Date of Birth:

Gender:

Home Phone: () Original Date of Hire:

Job Title: Dept.:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Other

Client Portion

Rate of Pay: \$

☐ Hourly

☐ Salary