

This form is used by the Human Resources department to record New Employee information.

Department of Human Resources

Applicant Number:		Employee Number:		Requisition Number:	
Section I - Applicant Information <i>(To be filled out by Applicant - Please Print)</i>					
Employees Name:			Home Telephone:		
Street Address:			P.O. Box/Apt #:		
County:		City:		State:	
				Zip:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY):		Social Security Number:	
Emergency Contact Name:					
Relationship:			Telephone #:		
Education Level:					
<input type="checkbox"/> High School or GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorates					
Section 2 - Demographic Information <i>(To be filled out by Applicant)</i>					
<p>The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.</p>					
Hispanic or Latino:		Asian:		Two or More Races (Not Hispanic or Latino):	
_____		_____		_____	
Native Hawaiian or Pacific Islander:		African Amer.:		_____	
_____		_____		_____	
Amer. Indian or Alaska Native:		Caucasian:		_____	
_____		_____		_____	
Section 3 - Employment Information <i>(To be filled out by Human Resources - Please Print)</i>					
Start Date:		Dept. Number:		Supervisor Name:	
_____		_____		_____	
Cost Center:		%FTE:		Hourly Rate: \$	
_____		_____		_____	
Job Code:		Work Ext:		Consultant or Temporary Expiration Date:	
_____		_____		_____	
Employee Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt					
Employee Status: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Per Diem					
Applicant Type: <input type="checkbox"/> Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Supplemental <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Student					
Shift/Work Schedule:					
<input type="checkbox"/> Shift 1 / Sch.1 (Day) <input type="checkbox"/> Shift 2 / Sch. 2 (Eve.) <input type="checkbox"/> Shift 3 / Sch. 3 (Night) <input type="checkbox"/> Shift 4 / Sch. 1 (W/E)					
<input type="checkbox"/> Shift 5 / Sch. 1 (Rotate)					
Years of applicable experience related to hired position:					

Section 4 - Data Entry Completed <i>(To be filled out by Human Resources)</i>					
HR Assistant Name:			Signature:		Date:
_____			_____		_____