

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

Department of Human Resources

<b>Applicant Number:</b>		<b>Employee Number:</b>		<b>Requisition Number:</b>	
<b>Section I - Applicant Information</b> <i>(To be filled out by Applicant - Please Print)</i>					
Last Name:		First Name:		MI	Social Security Number
Maiden Name:					
<input type="checkbox"/> CHECK BOX IF ADDRESS IS DIFFERENT FROM APPLICATION					
Street Address				P.O. Box/Apt #	
County	City		State	Zip	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)		Home Telephone		
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"/> Doctorate					
<b>Section 2 - Demographic Information</b> <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>					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	
<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Black or African Amer.		Native			
<b>Section 3 - Employment Information</b> <i>(To be filled out by Human Resources - Please Print)</i>					
Start Date					
Cost Center		%FTE	Hourly Rate \$		
Job Code		Job Title		Job Type <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Employee Status		<input type="checkbox"/> A1: Regular <input type="checkbox"/> A4: Director <input type="checkbox"/> A5: Week end Option		<input checked="" type="checkbox"/> A6: Residents/Fellow <input type="checkbox"/> AC: Supplemental <input type="checkbox"/> AF: Student	
Shift/Work Schedule		<input checked="" type="checkbox"/> Shift 1 / Sch. DAY <input type="checkbox"/> Shift 2 / Sch. EVENING <input type="checkbox"/> Shift 1 / Sch. WEEKEND		<input type="checkbox"/> Shift 3 / Sch. NIGHT <input type="checkbox"/> Shift 3 / Sch. WEEKEND	
Years of applicable experience related to hired position					
<b>Section 4 - Data Entry Completed</b> <i>(To be filled out by Human Resources)</i>					
Recruitment Assistant Name					Date