New Employee Information Form

Please complete every section and return this form to Human Resources by [Date]. The information is used to set up your employee record and payroll and is kept confidential. Contact [HR Contact Name] at [Email] with any questions.

PERSONAL DETAILS

Legal first name

Legal middle name

Legal last name

Preferred first name (if different)

Pronouns (optional)

Date of birth (used for benefits and payroll)

Social Security number

CONTACT INFORMATION

Home street address

Apartment / unit

City

State

ZIP code

Mailing address, if different

Mobile phone

Alternate phone

Personal email

May we text you about schedules and urgent notices?

☐ Yes ☐ No

POSITION DETAILS (COMPLETED BY HR)

Employee ID

Job title

Department

Manager

Work location

Start date

Employment type

☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐ Intern

FLSA status

☐ Exempt ☐ Non-exempt

Pay rate

Pay basis

☐ Hourly ☐ Salary

Pay frequency

☐ Weekly ☐ Biweekly ☐ Semi-monthly ☐ Monthly

Scheduled hours per week and shift

Union or collective bargaining unit, if any

EMERGENCY CONTACTS

Primary contact name

Relationship

Primary contact phone

Secondary contact name

Relationship

Secondary contact phone

WORK-RELATED INFORMATION

Professional licenses or certifications required for the role (number and expiry date)

Driver's license number and state (only if driving is part of the job)

Uniform or safety equipment size (only if provided by the company)

Languages you can use at work (optional)

Do you have a relative employed by the company? If yes, name and department

ACKNOWLEDGMENT

☐ I confirm the information above is accurate, and I will tell HR promptly if any of it changes.

Employee signature

Date

Date

Received by (HR)

Date entered in HRIS