

* Required to submit

EMPLOYEE INFORMATION FORM

PERSONAL				
LAST NAME *	FIRST NAME *	MIDDLE	NICKNAME	SOCIAL SECURITY NUMBER *
STREET ADDRESS *				DATE OF BIRTH *
CITY *	STATE *	COUNTY *	ZIP *	
HOME PHONE	CELL PHONE *		E-MAIL ADDRESS	
EMERGENCY CONTACT - PRIMARY				
NAME *			RELATIONSHIP *	
HOME PHONE	CELL PHONE *	WORK PHONE	EVENING PHONE	
ADDRESS				
EMERGENCY CONTACT - SECONDARY				
NAME *			RELATIONSHIP *	
HOME PHONE	CELL PHONE *	WORK PHONE	EVENING PHONE	
ADDRESS				
TO BE COMPLETED BY HUMAN RESOURCES				
DATE OF HIRE	JOB TITLE	DEPARTMENT	REPORTS TO	
DIVISION <input type="checkbox"/> Boat <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Janitorial <input type="checkbox"/> Floater	HOURLY RATE	EMPLOYMENT CLASSIFICATION <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	EMPLOYMENT TYPE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time, _____ hours <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	
	ANNUAL SALARY (if exempt)			
EEO CLASSIFICATION <input type="checkbox"/> Exec/Sr. Level Officials and Managers <input type="checkbox"/> Administrative Support <input type="checkbox"/> Professional <input type="checkbox"/> Craft Worker <input type="checkbox"/> First/Mid Level Officials and Managers <input type="checkbox"/> Technician <input type="checkbox"/> Laborers and Helpers <input type="checkbox"/> Sales Worker				