

NEW HIRE EMPLOYEE INFORMATION

Personal Information

First Name	Middle Initial	Last Name
Social Security Number		Date of Birth
Street Address		Apartment Number <i>(if applicable)</i>
City	State	Zip Code
Phone Number	Email	

Emergency Contact

First Name	Last Name	
Street Address		Apartment Number <i>(if applicable)</i>
City	State	Zip Code
Phone Number	Relationship to Employee	

Employment Information *(to be completed by employer)*

Title		Supervisor
Start Date	Wage	Benefits Offered <input type="checkbox"/> Paid Sick Time (required in California) <input type="checkbox"/> PTO/Paid Vacation <input type="checkbox"/> Health/Dental/Vision <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Recurring reimbursement: _____ <input type="checkbox"/> Other: _____
Employment Type <input type="checkbox"/> Hourly <i>(2024 min. wage \$16.00)</i> <input type="checkbox"/> Salary Exempt <i>(2024 min. exempt salary \$66,560)</i> <input type="checkbox"/> Salary Non-Exempt <i>(2024 min. wage \$16/hour; at a 40 hour week is \$33,280)</i>		

Required Documents Checklist

<input type="checkbox"/> W4 <input type="checkbox"/> I9 <input type="checkbox"/> CA DE-4 (if California employee) <input type="checkbox"/> Other state forms (if non-California employee): _____
