

New Hire Additional Information Form

Employee Full Name _____ Nickname _____

Date of First Date Worked _____

Email address (personal): _____

Email address (work): _____

Rate(s) of Pay. Select all that apply. Enter rate(s) that stay the same. Leave blank rates that change.

☐ Hourly \$ _____

☐ Salary \$ _____

☐ Commission \$ _____

☐ Bonus \$ _____

Classification (select one):

____ FT (Regular work schedule AT LEAST 30 hrs/wk) ____ PT (Regular work schedule LESS THAN 30 hrs/wk)

Provide all of the following documents. Ensure that all forms are completed and signatures exist where required.

____ USCIS Form I-9

(Employee completes Section 1 and signs. EmployER completes Section 2 and signs. Supplements A only applicable when a translator is used. Supplement B is only used when rehiring a previously terminated employee.

____ Identity documents

Copies of identity document required on USCIS Form I-9 (1 from list A -or- 1 from List B and 1 from List C)

____ Social Security Card

____ IRS Form W-4

____ State Withholding Allowance Form (i.e. CA Form DE-4, LA L-4)

____ Direct Deposit Authorization

Emergency Contact Information (* items are required):

Full Name* _____

Relationship* _____ Phone Number* _____

Emergency Contact's Address (optional) _____

Emergency Contact's City, State Zip (optional) _____

Emergency Contact's Email (optional) _____

Manager Signature X _____ **Date** _____