



Application Date: _____
 Hire Date: _____
 Termination Date: _____

NEW EMPLOYEE INFORMATION

EMPLOYEE DATA

Name: _____ S.S.N.: - -
 LAST FIRST MI

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ How long have you resided at current address? _____

Prior Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ How long did you reside at prior address? _____

Are you 18 or older? Yes No Sex: Male Female

Have you worked for this company in the past? Yes No
 If so, when? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

How is this person related to you? _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

How is this person related to you? _____

EMPLOYMENT POSITION

Position: _____ Date Started: _____ Starting Salary: _____

Job responsibilities: _____

TRAINING REQUIREMENTS

Type of training	Location	Amount of time needed	Dates



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PREVIOUS RELEVANT TRAINING

Date of training	Location	Describe Training Received

GENERAL

List any foreign languages you speak and check your level of fluency:

_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Minimal	<input type="checkbox"/> Fluent	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any special skills/abilities you have that can be applied to this position:

SECURITY

Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain:
Have you been convicted of a felony within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain (this will not necessarily exclude you from consideration):

MILITARY

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____
Served from: _____ / _____ / _____ to _____ / _____ / _____ Rank: _____
Do you have any military commitment, including National Guard service that would influence your work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain:
Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasonable Accommodations: In the event you believe you will need reasonable accommodations to assist you in performing your job, please contact your supervisor or human resources coordinator.

AUTHORIZATION

I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that if employed, falsified statements on this form will be grounds for dismissal.

Employee Signature: _____ Date: _____