# Partners

# New Employee Information

please print

Worksite Employer _____

## Information about you

Social Security Number ☐☐☐-☐☐-☐☐☐☐

First Name _____ Last Name _____ Middle Initial _____

Date of Birth ☐☐-☐☐-☐☐☐☐ Male ☐ Female ☐ ( check one )

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Phone ☐☐☐-☐☐☐-☐☐☐☐
area code

**Race**

Please check appropriate item.

Please read definitions on the back of this page.

- ☐ Hispanic or Latino
- ☐ White ( Not Hispanic or Latino )
- ☐ Black or African American ( Not Hispanic or Latino )
- ☐ Asian ( Not Hispanic or Latino )
- ☐ American Indian or Alaska Native ( Not Hispanic or Latino )
- ☐ Two or More Races ( Not Hispanic or Latino )

**Veteran**

- ☐ Non-Veteran
- ☐ Vietnam Veteran
- ☐ Other Veteran

**Signature** _____
please sign

## Emergency Information

Contact Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Phone ☐☐☐-☐☐☐-☐☐☐☐
area code

## Information to be completed by your Worksite Employer / Supervisor

Job Title _____ Hire Date ☐☐-☐☐-☐☐☐☐

Work Comp Code _____ Pay Rate _____

Work Schedule ☐ Full Time ☐ Part Time Employment Status ☐ Hourly ☐ Salaried ☐ Commission ( check one )

Payroll Cycle ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ( check one )

Worksite Supervisor _____ Signature _____

**Please Note:**
**Incomplete New Hire Packets may cause a delay in the processing of payroll.**

www.Partners-HR.com