

Council Name

New Hire / Rehire Information Worksheet

(to be completed by the employee - except for "OFFICE USE ONLY section)

Personal Information (Please use **Legal Name**.)

Prefix First Name Middle Name Last Name Suffix No "-" S. S. Account Number

Address Line 1 Address Line 2 City State Zip Date of Birth

Home Phone Work Phone Cell Phone Gender Marital Status

Work E-Mail Personal E-Mail EEOC Ethnic Code 1 EEOC Ethnic Code 2

EEOC Ethnic Code 3 EEOC Ethnic Code 4 EEOC Ethnic Code 5

Citizen Veteran Status NEI Class 125 Plan

Cub Scout Boy Scout Varsity Scout Explorer Highest Rank

OFFICE USE ONLY									
Employee Job Title			Employee Class			FLSA Code			
Default Labor Code		Default GL Code		Location		Hire Date		Pension HIRE Act Qualified	
Pay Cycle	Pay Type	Taxable Status		Annual Salary	No of Pays	Weekly Std Hours			
Salary Per Pay		Hourly Pay Rate		Employee Status		Cost of Living		Housing	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Check Print Control		WC State		WC Code					
Fed W-4 Status		Federal Exemptions			State W-4 Status		State Exemptions		UC State
Direct Deposit Type		Prenote	Account Number		ABA Number		Description		

Emergency Contact Information:

Contact #1

Name Relationship Home Phone Work Phone Cell Phone

Contact #2

Name Relationship Home Phone Work Phone Cell Phone

Date

Signed by Employee