**New Hire Information Form**

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Date of Birth:** | **(DD/MM/YYYY)** | **Social Security No.** |  |
| **Home Address:** |  | | |
| **City/State:** |  | **ZIP** |  |
| **Phone Number:** |  | **Email Address:** |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name:** |  | | |
| **Relationship:** |  | **Phone Number:** |  |
| **Alternate Phone Numbers:** | |  |  |

**Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  |  |  |
| **Department:** |  | **Manager/Supervisor:** |  |
| **Start Date:** |  | **Employee ID (HR Use):** |  |

**Payroll & Tax Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred Payment Method: | | ☐ Direct Deposit ☐ Paper Check | |
| **Bank Name:** |  | **Routing Number:** |  |
| **Account Number:** |  | | |
| **W-4 Completed:** | ☐ Yes ☐ No | **I-9 Completed:** | ☐ Yes ☐ No |

**Benefits Enrollment (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Insurance: | | ☐ Enrolled ☐ Waived | |
| Retirement Plan: |  | ☐ Enrolled ☐ Waived |  |
| Other Benefits: |  | | |

**Acknowledgments**  
☐ I confirm that the information provided above is accurate to the best of my knowledge.  
☐ I acknowledge receipt of the Employee Handbook and company policies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | | |
| **HR Representative Signature:** | |  |  |