



EMPLOYEE HIRE DATA

Employee Name (Last, First, Middle)				Prefix		Employee ID		
<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		
Street Name and Number (Home)		City		State	Zip Code	Birth Date		
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>		
Rural Route, P.O. Box (Mailing)		Home Email			Leave Plan			
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>			
Home Phone w/ Area Code		Mobile Phone w/ Area Code		Work Phone w/ Area Code		Message Phone w/ Area Code		
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		
Social Security No.		Sex	Educ	DIS	M/S	MItry	Ethnicity	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
Same Address	Emergency Contact Name			Relationship				
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>				
	Emergency Contact Street Address			Day Phone				
	<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>				
	City		State		Zip Code			
	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>			
Department		Dept/Div No		Action Reason		Effective Date		
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		
Position Number		Posn Grp.	Job Title				JCN	JCN Family
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>				<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Hol	Officer Code	Union Code	FLSA	Pay Grp.	Emp. Type	Work Loc.	Prob. End Date.	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
FTE / Std Hours		Grade / Step		Range	Hourly Rate	Biweekly Comp	Annual	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
Comments								
<input style="width:100%; height:100%;" type="text"/>								

Department Signer Name: _____	<input style="width: 100%;" type="text"/> Department Signature
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[\[✉ Sign\]](#) Double click!

HUMAN RESOURCES DEPARTMENT

- Approved
- Denied



Certification Number

Medical Clearance

Human Resources Department

Date

Date Reviewed