

New Hire Information Form

EMPLOYEE INFORMATION THIS SECTION TO BE COMPLETED BY <u>EMPLOYEE</u> (Please complete this section of the form with a blue/black pen.)	PLEASE RETURN FORM TO: HRNOVATIONS FAX: (425) 451-3055 E-mail: Forms@hrnovations.com
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Name: _____ <small>First Last</small>	Social Security #: _____ - _____ - _____
Address: _____ <small># Street Apt# (if any)</small>	
City & State: _____ Zip: _____ Phone: (____) _____ - _____ <small>City State area code</small>	
Work Email: _____	
Home Email: _____ Date of Birth: _____ Gender: M / F <small>MM/DD/YYYY (Please circle one)</small>	
Emergency Contact Person: _____ Phone: (____) _____ - _____ <small>area code</small>	
Relationship: _____ Alt Phone: (____) _____ - _____ <small>area code</small>	

Human Resource Novations, Inc. (HRn) provides employment services to its client companies, including payroll, payroll tax withholding, depositing and reporting, employee benefits, and HR consultation. Employee acknowledges and understands that HRn will be responsible for payroll, withholding, and timely payment of all applicable employer and employee statutory taxes and insurance. These include Social Security, federal and state withholding taxes, state industrial insurance premiums, and employer and employee paid health and welfare insurance. Employee agrees and acknowledges that HRn's client company will supervise and control the employee's work activities and physical conduct, and will set wages, work hours, and employee benefits. It is further understood that employment is at the mutual consent of the employee and employers. Consequently, HRn, its client company, and/or the employee may terminate this employment relationship at any time, with or without cause or notice.

Employee Signature: _____ **Date:** _____

EMPLOYMENT INFORMATION THIS SECTION TO BE COMPLETED BY <u>EMPLOYER</u>
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Company Name: _____	Date of Hire with HRn: _____
Department/Location: _____	Original Date of Hire: _____
Job Title: _____	Supervisor Name: _____

<input type="checkbox"/> New Hire <input type="checkbox"/> Group Enrollment <input type="checkbox"/> Rehire (Last Termination Date: _____)	<input type="checkbox"/> Full-Time (____ hrs/wk) <input type="checkbox"/> Part-Time (____ hrs/wk) <input type="checkbox"/> Intern	<input type="checkbox"/> Full-Time Temporary <input type="checkbox"/> Part-Time Temporary <input type="checkbox"/> Seasonal
FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	Pay Type: <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	Rate of Pay: \$ _____ / <input type="checkbox"/> Hour / <input type="checkbox"/> Annual

Comments (Please state any special instructions regarding vacation days, bonus, etc.)

Position by EEOC Code: (Check the box next to the code that best describes what the employee does or will do most of the time)

<input type="checkbox"/> Official & Managers – Executive/Senior Level (CEO, COO)	<input type="checkbox"/> Administrative Support Workers (bookkeepers, accounting clerks, support workers)
<input type="checkbox"/> Officials & Managers – Mid/First Level (manager, supervisor)	<input type="checkbox"/> Craft Workers (carpenters, electricians, roofers, mechanics)
<input type="checkbox"/> Professionals (accountants, engineers, scientists)	<input type="checkbox"/> Operatives (electrical equipment assemblers, testers, truck drivers, forklift operators)
<input type="checkbox"/> Technicians (drafters, surveying techs, media equipment workers)	<input type="checkbox"/> Laborers (production and construction worker helpers, freight and material movers)
<input type="checkbox"/> Sales Workers (brokers, telemarketers, retail, cashiers)	<input type="checkbox"/> Service Workers (cooks, janitors, medical assistants, police and fire fighters)

Approval Signature: _____ **Title:** _____ **Date:** _____