

New Hire Recap

Name _____ Social Security # _____
Address _____
City/State/Zip _____
Home Phone _____ Birth Date _____
Sex Male Female Marital Status _____

Emergency Contact _____ Relationship _____
Home Phone _____ Cellular _____
Office Phone _____ Email _____

Have you ever been employed here? Yes No
If yes, give dates From _____ To _____

List any friends or relatives working for us _____

Reasonable Accommodation – In the event you believe there is a reasonable accommodation that will assist you in performing the essential functions of your job, please contact your Supervisor or Administrative Manager.

Military Service – Do you have a military obligation, including National Guard that would affect your work schedule?

Foreign Languages – List any foreign languages you know and check the boxes that describe your ability.

	Speak Some	Speak Fluently	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature Date