

NEW EMPLOYEE DATA SHEET – Office

NAME: _____ **DATE OF BIRTH:** _____
ADDRESS: _____
PHONE #: _____ **SOCIAL SECURITY #:** _____

EMPLOYEE #: _____ **LOCATION:** _____
HIRE DATE: _____ **INACTIVE DATE:** _____

<u>DOT FILE</u>	<u>DATE</u>	
Application	_____	(all)
Policy Manual Acknowledgement Form	_____	(all)
Previous Employer Verification for the past 3 Yrs.	Authorization: _____	(all)
	Completed: _____	(all)
Copy of Drivers License / CDL	_____	(all)
Class: _____ License #: _____ Expires: _____		
Copy of Social Security Card (or other form of I-9 verification)	_____	(all)

PERSONAL

Direct Deposit Form _____
 Emergency Notification Form _____

HUMAN RESOURCES / CONFIDENTIAL

Federal W-4	_____	(all)
State W-4	_____	(all)
Federal I-9 (Employment Verification)	_____	(all)
401(K) Beneficiary Form	_____	(all)
Anthem Insurance Form	_____	(all)
Lincoln Life/STD/LTD/Additional Life	_____	(all)
CIGNA Dental form	_____	(all)
PA Panel of Physicians	_____	(PA)
Drug Free Work Place Policy and Consent	_____	(all)
Pre-employment drug screen	_____	(all)
Authorization for release of records	_____	(all)
Drug Free Work Place Video (if available)	_____	(all)
Hippa form	_____	(all)

MISCELLANEOUS (resume/certification/etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date received by Human Resource, Girard: _____