



FORDHAM UNIVERSITY

EMPLOYEE NEW HIRE FORM

EMPLOYEE INFORMATION

(To be completed by Employee)

First Name: _____ Middle Initial: _____ Last Name: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Ethnicity: Are you Hispanic or Latino/Latina? Yes No

Race (Check one or more): White Black or African-American Asian
 American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

Fordham Student: No Yes *(if yes):* Full-Time Part-Time

CITIZENSHIP INFORMATION

I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien # _____)
- An alien authorized to work until ____/____/____ (Alien # or Admission # _____)

Note: If you currently do not have a social security number and are in the process of applying for one, please fill out the additional personal information below as required by the Social Security Administration:

Father's Full Name: _____ Mother's Maiden Name: _____

Place of Birth: _____ Applied for Social Security Number on: ____/____/____

ADDRESS

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____
Cell Phone: _____

EMERGENCY CONTACT

Emergency Contact: _____ Emergency Phone: _____

Relationship: _____

OFFICE USE ONLY

POSITION INFORMATION

- Administrator Clerical (153) Maintenance (805) SEO Casual/Temp
 Faculty Adjunct Graduate Assistant Hourly
 Other (Please specify): _____

If **Graduate Assistant** (nature of the position): Research Teaching Other _____

Time Status: Full-Time Part-Time

Benefits Status: Benefitted Non-Benefitted Pension Only

WORK ADDRESS

Building: _____ Room: _____ Floor: _____ Campus: _____ Extension: _____

ASSIGNMENT/SALARY INFORMATION

Title: _____

Start Date: ____/____/____ End Date: ____/____/____ Scheduled Hours: _____

Salary: \$ _____ Annual Hourly One Time Payment Per appointment

If grant funded: Per appointment based on an annual of \$ _____

Budget1: FUND: _____ ORG: _____ ACCT: _____ PROG: _____ PCT %: _____

Budget2: FUND: _____ ORG: _____ ACCT: _____ PROG: _____ PCT %: _____

Department: _____

Replaced (if applicable): _____ Effective: _____

Timesheet Approver (if applicable) PRINT NAME: _____

Additional Comments: _____

REQUIRED EMPLOYMENT DOCUMENTATION

The documents listed below must be submitted in order for a new hire employee to work at Fordham University. *Documents must be received within 72 hours of employment.*

- Employment Eligibility Form (I9) W-4 Federal Tax Form IT-2104 OR IT-2104E NYS Tax Form

AUTHORIZED SIGNATURES

Department: _____

Approval: _____ Date: _____

Print Name: _____ Ext: _____

Dean/Director/VP: _____ Date: _____

(if applicable) Print Name: _____ Ext: _____

HUMAN RESOURCES OFFICE ONLY

Human Resources: _____ Date: _____

HRIS: _____ Date: _____

Verified By: _____ Date: _____