



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

<input type="checkbox"/> Administrator	<input type="checkbox"/> Clerical (153)	<input type="checkbox"/> Maintenance (805)	<input type="checkbox"/> SEO	<input type="checkbox"/> Casual/Temp
<input type="checkbox"/> Faculty	<input type="checkbox"/> Adjunct	<input type="checkbox"/> Graduate Assistant	<input type="checkbox"/> Hourly	
<input type="checkbox"/> Other (Please specify): _____				
If Graduate Assistant (nature of the position):		<input type="checkbox"/> Research	<input type="checkbox"/> Teaching	<input type="checkbox"/> Other _____
Time Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time		
Benefits Status:	<input type="checkbox"/> Benefitted	<input type="checkbox"/> Non-Benefitted	<input type="checkbox"/> 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:		
(if applicable)		Date:
Print Name:		Ext:

HUMAN RESOURCES OFFICE ONLY

Human Resources:		Date:
HRIS:		Date:
Verified By:		Date: