
New Hire Form PDF

Personal Details

Field	Information
Full Name	
Address	
City	_____ State: _____ ZIP: _____
Phone Number	
Email Address	
Date of Birth	___ / ___ / _____

Job Details

Field	Information
Job Title	
Department	
Supervisor	
Start Date	___ / ___ / _____

Employment Type	Full-time [] Part-time [] Temporary [] Intern []
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Legal Documentation

Social Security Number: _____

Tax Forms:

- **W-4 Submitted**
- **W-4 Not Submitted**
- **I-9 Submitted**
- **I-9 Not Submitted**

Work Authorization (if applicable):

- **Yes**
- **No**

Emergency Contact Information

Field	Information
Name	
Relationship	
Phone Number	
Email Address	

Benefits Enrollment

Health Insurance:

- Enrolled
- Not Enrolled

Retirement Plan:

- Enrolled
- Not Enrolled

Other Benefits: _____