

New Hire Form Template

Personal Details

Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

Date of Birth: ____ / ____ / _____

Job Details

Job Title: _____

Department: _____

Supervisor: _____

Start Date: ____ / ____ / _____

Employment Type:

- Full-time
- Part-time
- Temporary
- Intern

Legal Documentation

Social Security Number: _____

Tax Forms:

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

Work Authorization (if applicable):

- Yes
- No

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Benefits Enrollment

Health Insurance:

- Enrolled
- Not Enrolled

Retirement Plan:

- Enrolled



- **Not Enrolled**

Other Benefits: _____