

# Printable New Hire Form

## 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: \_\_\_\_\_

### Acknowledgment and Signature

I acknowledge that the information provided is accurate to the best of my knowledge and understand that any falsification may result in termination of employment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_