

**HIRE FORM**

**REHIRE FORM**

To be filled out by Supervisor or Manager: **Status:** FTS PT TEMP TEMP+ ES FTYR (requires M.D. Approval)

**Hire Date:** \_\_\_\_\_  
**Pay Rate:** \_\_\_\_\_ ( H / W )  
**Position Number:** \_\_\_\_\_  
**Pay Group:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_  
Last First

**Position Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**Comments:** \_\_\_\_\_ **Checked file with:** \_\_\_\_\_  
Name  
**APPROVALS:**  
**Supervisor:** \_\_\_\_\_ (Date) **Dept. Dir./VP:** \_\_\_\_\_ (Date)  
**Managing Dir.:** \_\_\_\_\_ (Date) **HR:** \_\_\_\_\_ (Date)

To be filled out by Staff Member: Have you worked here before? \_\_\_\_\_ If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

**Name:** \_\_\_\_\_  
Last First Middle

**Local Address:** \_\_\_\_\_  
Street / PO Box # Town State Zip

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
Street / PO Box # Town State Zip

**Sex:** M or F (circle one) **Marital Status:** \_\_\_\_\_

**Race:** (check one) \_\_\_\_Cauc, \_\_\_\_ Afr. Amer, \_\_\_\_Asian, \_\_\_\_Am Ind, \_\_\_\_ Hispanic, \_\_\_\_Other

**Emergency Contact:** \_\_\_\_\_  
(Name, Address, Phone) Name Street / PO Box # Town State Zip  
(\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone

**Personal Emergency Medical Information:** \_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_