New Employee Information Sheet

Personal Information (To be completed by the employee)	
Name:	_
(First) M(ddle) L(ast)	
Address: City/State/ZIP:	_
DOB:/ / z z	
Race/Ethnicity:	
Marital Status:^%} µ⊷ E W zzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzzz	z
Church Denomination:	
Contact Information: Personal/Cell Phone Number ~ • Email Address EmergencyContact Name zzzzzzzzzzzzzzzz Emergency	
Employment Information (To be completed by Humæss Rurces)	
Primary Position: Department:	
Date of Hire:/	
Hours/week Weeks/yea Months/yea:	
FTE:	
Exempt/Non-Exempt: Hourly/Salary:	
Pay: " zzzzzzzzzz	