



New Hire Information Form

EMPLOYEE INFORMATION		PLEASE RETURN FORM TO: HRNOVATIONS FAX: (425) 451-3055 E-mail: Forms@hrnovations.com
THIS SECTION TO BE COMPLETED BY EMPLOYEE <i>(Please complete this section of the form with a blue/black pen.)</i>		
Name: _____ <small>First Last</small>	Social Security #: _____ - _____ - _____	
Address: _____ <small># Street Apt # (if any)</small>		
City & State: _____ <small>City State</small>	Zip: _____	Phone: (____) _____ - _____ <small>area code</small>
E-mail address: _____	Date of Birth: _____ <small>MM/DD/YYYY</small>	Gender: M / F <small>(Please circle one)</small>
Emergency Contact Person: _____	Phone: (____) _____ - _____ <small>area code</small>	
Relationship: _____	Alt Phone: (____) _____ - _____ <small>area code</small>	
<p><i>Human Resource Novations, Inc. (HRn) provides employment services to its client companies, including payroll, payroll tax withholding, depositing and reporting, employee benefits, and HR consultation. Employee acknowledges and understands that HRn will be responsible for payroll, withholding, and timely payment of all applicable employer and employee statutory taxes and insurance. These include Social Security, federal and state withholding taxes, state industrial insurance premiums, and employer and employee paid health and welfare insurance. Employee agrees and acknowledges that HRn's client company will supervise and control the employee's work activities and physical conduct, and will set wages, work hours, and employee benefits. It is further understood that employment is at the mutual consent of the employee and employers. Consequently, HRn, its client company, and/or the employee may terminate this employment relationship at any time, with or without cause or notice.</i></p>		
Employee Signature: _____	Date: _____	

EMPLOYMENT INFORMATION	
THIS SECTION TO BE COMPLETED BY EMPLOYER	
Company Name: _____	Date of Hire with HRn: _____
Department/Location: _____	Original Date of Hire: _____
Job Title: _____	Supervisor Name: _____
<input type="checkbox"/> New Hire <input type="checkbox"/> Group Enrollment <input type="checkbox"/> Rehire (Last Termination Date: _____)	<input type="checkbox"/> Full-Time (____hrs/wk) <input type="checkbox"/> Part-Time (____hrs/wk) <input type="checkbox"/> Intern
<input type="checkbox"/> Full-Time Temporary <input type="checkbox"/> Part-Time Temporary <input type="checkbox"/> Seasonal	
FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	Pay Type: <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly
Rate of Pay: \$ _____ / <input type="checkbox"/> Hour / <input type="checkbox"/> Annual	
Comments (Please state any special instructions regarding vacation days, bonus, etc.) _____	
Position by EEOC Code: (Check the box next to the code that best describes what the employee does or will do <u>most</u> of the time)	
<input type="checkbox"/> Official & Managers – Executive/Senior Level (CEO, COO) <input type="checkbox"/> Officials & Managers – Mid/First Level (manager, supervisor) <input type="checkbox"/> Professionals (accountants, engineers, scientists) <input type="checkbox"/> Technicians (drafters, surveying techs, media equipment workers) <input type="checkbox"/> Sales Workers (brokers, telemarketers, retail, cashiers)	<input type="checkbox"/> Administrative Support Workers (bookkeepers, accounting clerks, support workers) <input type="checkbox"/> Craft Workers (carpenters, electricians, roofers, mechanics) <input type="checkbox"/> Operatives (electrical equipment assemblers, testers, truck drivers, forklift operators) <input type="checkbox"/> Laborers (production and construction worker helpers, freight and material movers) <input type="checkbox"/> Service Workers (cooks, janitors, medical assistants, police and fire fighters)
Approval Signature: _____	Title: _____
Date: _____	

OFFICIAL USE ONLY: Payroll _____ Date	Benefits _____ Date	EE ID: _____
REVIEW ONLY: Payroll _____ Date	Benefits _____ Date	Consultant _____ Date