

New Hire Form



Name

First Name

Last Name

Social Security Number *

Date of Birth

Month

Day

Year

Date of Hire

Month

Day

Year

Rate of Pay

Please indicate if hourly vs salary

Is the employee: *

Full Time

Part-Time

Street Address

City

State

Zip Code

County of Residence

County you lived in as of 1/1

Employees SOC Code: *

Please find the list of codes attached

Email

example@example.com

County of Employment

County you worked in on 1/1

Is the employee claiming Married or Single?

Married

Single

Federal Exemptions

If you need assistance please see the federal form W4

State Exemptions

If you need assistance see state withholding form