



NEW HIRE EMPLOYEE RECORD SHEET

Employer/Client Name _____

SECTION 1: Employee Complete and Sign

Employee Name _____ Social Security # _____
First Name Middle Initial Last Name (as shown on SS card)

Employee Personal E-mail Address _____
Your personal email address may be used to send pay stubs or other employment related information.

Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Male Female Date of Birth _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number _____

NEW EMPLOYEE ONLY: I certify that the information on this form and my employment application and/or resume is true, complete, and correct to the best of my knowledge and belief. I understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that my employment is at will and agree that it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any reason or no reason, without prior notice. Neither I nor the employer have agreed on any specific period of employment, nor any specific pay or benefits unless otherwise set forth in a separate contract. I agree that all claims, disputes and controversies between and among employees and any employee and employer, administrative employer, all agents, or any other person shall be exclusively and finally settled through the Alternate Dispute Resolution process. I understand the requirements of this position and acknowledge I am able to perform all essential job functions with or without reasonable accommodations.

Employee Signature _____ Date _____

SECTION 2: Employer Complete and Sign

Employee Begin Date _____ Client Original Hire Date _____

Job Title / Position _____ Department _____ Work State _____ W/C Code _____

Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Scheduled Hours per Pay Period: _____	Payroll Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Employee Type: <input type="checkbox"/> Regular <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
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Is employee eligible for overtime pay according to Fair Labor Standards Act? Yes (Hourly) No (exempt from overtime)

Pay Type/Rate Hourly \$ _____ per hour Salary (exempt from OT) \$ _____ per pay period or per year
 Commission Piecework

Other Allowances per Pay Period _____

Additional Comments _____

Employer/Client Signature _____ Date _____

** In order to process payroll, this form must be submitted to ERM with a completed and signed Form W-4, Form I-9, Applicable State Withholding/Labor Forms, Alternate Dispute Resolution Agreement (ADR), and Work Permit (where applicable).