



New Hire Information Sheet

<p><u>Administrative Information</u></p> <p><input type="checkbox"/> CH-ID: _____</p> <p><input type="checkbox"/> Rehire (Last Inactive Date): _____</p> <p><input type="checkbox"/> HHC</p> <p><input type="checkbox"/> Scheduled</p> <p><input type="checkbox"/> Name Tag</p> <p><input type="checkbox"/> Direct Deposit Form Completed</p> <p><u>CareWatch</u></p> <p><input type="checkbox"/> Employee ID: _____</p> <p>CareWatch AideAssist: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>PA State Criminal Check</u></p> <p>Date of Request: _____</p> <p>Control #: _____</p> <p><input type="checkbox"/> No Record <input type="checkbox"/> Request Under Review</p> <p><u>Medi-Check Fraud Checks</u></p> <p><input type="checkbox"/> DPW <input type="checkbox"/> LEIE <input type="checkbox"/> EPLS</p> <p><u>Child Abuse Clearance</u></p> <p>Verification Date: _____</p> <p>Certificate ID #: _____</p> <p><input type="checkbox"/> No Record <input type="checkbox"/> Record</p>	<p><u>Payroll Department</u></p> <p><input type="checkbox"/> Payroll</p> <p><input type="checkbox"/> ABCS</p> <p><input type="checkbox"/> SS</p> <p><input type="checkbox"/> SSN Verification</p>
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Employee Contact Information

PLEASE PRINT CLEARLY

_____	_____	_____	_____
Legal Last Name	Legal First Name	Middle	County
_____		How long have you lived at this address? _____	_____
Street Address			School District
_____	_____	_____	_____
City	State	Zip	Spouse's Name (optional)
_____	_____	_____	_____
Home Phone	Cell Phone	Email Address	Local Tax Code:
_____	_____	_____	

Payroll Information

_____	_____	_____
Social Security No.	Date of Birth	County Office Assigned
_____	_____	_____
Hire Date	Wage	Position
_____	_____	<input type="checkbox"/> Aide (943) <input type="checkbox"/> LPN
		Hired for: <input type="checkbox"/> Admin (953) <input type="checkbox"/> RN
		Status: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary

LST Tax: If exempt, Employee must fill out Exemption Form and provide proof at time of hire. See Supervisor for details.

Federal Filing Status (If not filled out, will default to SINGLE, 0 ALLOWANCES and \$0 EXTRA WITHHOLDINGS.)

_____	_____	_____
Allowances <i>(same as completed W-4)</i>	Extra Withholding Authorized <i>(same as completed W-4)</i>	<input type="checkbox"/> Married
		<input type="checkbox"/> Single
		<input type="checkbox"/> Married (but withhold a higher single rate)

Proof of Employment Eligibility

_____	_____	_____
<input type="checkbox"/> US Passport #:	<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Photo ID #:	<input type="checkbox"/> 2-Year Proof of Residency – Form Used: _____	
	<input type="checkbox"/> Vehicle Insurance	

Additional Information (used for EOE verification)

_____	_____	_____
Gender	Race	Maiden Name and/or Aliases