# Image

## New Hire Form

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| Employee Information |
| Name: |  | Date of Hire: |  |
| Address: |  | Drivers License #: |  |
| Date of Birth: |  | Social Security #: |  |
| Emergency Contact: |  | Emergency Contact Phone #: |  |
|  |
|   |
| Employment Details  |
| Position: |  | Department: |  |
| Hrs per Week: |  | Rate of Pay: |  |
| Exempt/Non-Exempt (circle one)Staff Level (circle one)PastorsLevel 1Level 2Level 3Level 4Level 5CC Level 1CC Level 2CC Level 3 |
| For Human Resource Use Only |
|  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |