



NEW HIRE INFORMATION SHEET

Name: _____
Last (Legal Name as it Appears on your Social Security Card) First Middle

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Physical and Mailing Address are the same

Physical Address: _____
Street (No PO Box) City State Zip

Mailing Address: _____
Street City State Zip

Home Number: _____ Cell: _____ Email: _____

In Case of Emergency

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Official Job Title: _____

Office/Clerical

Mechanic

Driver

Original Date of Hire: _____

1st date worked with: _____

Federal/State Withholding Status: (M) or (S): _____

Withholding Allowance: _____

W4 to be completed electronically

Employee Printed Name: _____ Date: _____

Employee Signature: _____

DPT Representative Reviewed by: _____ Date: _____