#### **New Employee Information Form**

Section 1: Employee Information					
Legal Name on Social Security Card	l (last, first, middle	initial)		Social Security Number	
		7			
Preferred First Name	Gender	Da	te of Birth	Phone	
			A S		
Street Address		City	y	State	Zip
Section 2: Emergency Co	ontact Inform	ation			
			T.,	A	MI
Name		Relation	ship	Phone Number	
Personal Email Address (optional)					
Section 3: Employment I	nformation/J	ob Location	)		
OW	et	<b>}</b> L		OHIO	8/
Start Date Department (i.	e. Public Works)	Division (i.e. W	ater)	Position Title	_ /
	Ore	aon		nort!	
Supervisor	Location	1 14	its	Employee Type	
DRC OHD/DEQ Level 2	OHD/ DEQ	w			
ODA Spray ODOT Applicator Road	Level 3 Scholar	Full, PT or Temp	Hours/wk	Salary Grade	Step
PD Intermediate Cert					
PD Advanced Cert	Accounting (fund	d-dept-div-acct)	Distribution (i.e. 50%)	Accounting (fund-dept-div-acct)	Distribution (i.e. 50%)
Premium Pay	-		,		. ,

Section 4: Signatures	
Employee Signature	Date
Supervisor Signature	Date
Department Head Signature	Date
Finance Director Signature	Date
City Manager Signature	Date

## Sweet Home

# Oregon best!

For Office Use Only

Workers' Comp Code	FLSA Exempt?	Springbrook
Standard Insurance	CIS	ICMA-RC



### EMPLOYEE CONTACT INFORMATION This information is to be kept on file for emergency use only.

EMPLOYEE NAME:	DEPARTMENT:
MAILING ADDRESS:	
PHYSICAL ADDRESS:	
(IF DIFFERENT FROM MAILING ADDRESS)	
CELL PHONE #:	
HOME PHONE #:	
PERSONAL E-MAIL ADDRESS:	
EMERGENCY CONTACT PERSON:	
PHONE #:	

#### RETURN COMPLETED FORM TO THE <u>CITY MANAGER'S OFFICE</u> ASAP. THANK YOU FOR YOUR COOPERATION.

This information is only to be used for emergency purposes. Personal e-mail may be used in an event of an emergency where our Continuity of Operations Plan was implemented.

□ **Check Here** if you do not have a City e-mail address or do not have a worksite computer and would like to receive employee notices, newsletters, etc., at your personal e-mail address.