Personnel File: New Hire/Rehire

Name: _____

Address: _____

_____

Email Address: _____

Telephone # : _____

Cell Phone #: _____

Social Security#: _____

Position: _____

Hire Date: _____

Start Date: _____

Starting pay rate: _____ ☐ HOURLY ☐ SALARY

Hours per week? _____

First employee review due? _____

Name of Emergency Contacts	Relationship to Employee	Phone Number(s)
1.		
2.		
3.		

Dispensed to Employee:

Employee Manual _____ (Date)

Safety Manual _____ (Date)

Safey Training _____ (Date)

Elilgibile for benefits? _____

Date eligible? _____

Received from Employee:

1. **Resume** ☐
2. **Application** ☐
3. **W-4** ☐
4. **I-9** ☐

Background Check/ Notarization Date: _____

Mailed to (State): _____

Sequence #: _____