



**HIRING NOTICE**  
*Required for all positions (new and returning)*

*Completed form must be provided to HR prior to the 1<sup>st</sup> day of work*

<b>1. Employee Name (Last, First MI):</b>  	<b>2. General Ledger Account:</b>  Include percentages for multiple accounts	<b>3. Date of Hire (first day of work):</b> Date: ___/___/___ <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Existing
<b>4. Position Title:</b>  	<b>5. Department:</b>  	<b>6. Direct Supervisor:</b>  
<b>7. Employee Information:</b> Mailing Address: _____ _____ _____ Home Phone: (____)_____ Cell Phone: (____)_____ Email Address: _____ Known Allergies: _____		<b>8. Classification:</b> <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
<b>10. Emergency Contact Information:</b> Name: _____ Relationship: _____ Home Phone: (____)_____ Cell Phone: (____)_____		<b>9. Background Check Status*:</b> <input type="checkbox"/> Background Check Completed <input type="checkbox"/> Background Check Pending <small>*Employment is contingent upon an acceptable background check</small>
<b>13. Employee Status and Initial Pay Information:</b> <input type="checkbox"/> <u>Regular Full-Time</u> Annual Salary: \$ _____ Step (circle one):    Entry   1   2   3   4 <input type="checkbox"/> <u>Special Full-Time (30-39 hrs/wk) *</u> Annual Salary: \$ _____ Step (circle one):    Entry   1   2   3   4 Approved hr/wk (30-39) _____ <small>* Special full-time must be approved in advance for a partial FTE</small>		<b>11. Other Employment Conditions:</b>  <b>12. Driving required:</b> <input type="checkbox"/> Yes (inc. copy of driver's license and insurance) <input type="checkbox"/> No
<input type="checkbox"/> <u>Part-Time (0-29 hrs/wk)</u> Estimated # of hrs/wk (must be less than 30) _____ Hourly Rate of Pay: \$ _____		<input type="checkbox"/> <u>Temporary</u> Estimated # of hrs/yr (must be less than 1,560/yr) _____ Hourly Rate of Pay: \$ _____ Start Date ___/___/___    End Date ___/___/___ Completion Incentive Bonus (if applicable) \$ _____/hr
<b>14. Employee Signature:</b> Signature: _____                      Date: _____		<b>15. Supervisor Approval:</b> Signature: _____                      Date: _____
<b>16. Department Head Approval:</b> Signature: _____                      Date: _____		<b>17. City Manager Approval:</b> Signature: _____                      Date: _____

**HR USE ONLY**

<b>18. Entered in Payroll:</b> Signature: _____                      Date: _____	<b>19. Employee Number:</b>  
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