



HIRING NOTICE
Required for all positions (new and returning)

Completed form must be provided to HR prior to the 1st day of work

1. Employee Name (Last, First MI): 		2. General Ledger Account: <small>Include percentages for multiple accounts</small>		3. Date of Hire (first day of work): Date: ____/____/____ <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Existing	
4. Position Title: 		5. Department: 		6. Direct Supervisor: 	
7. Employee Information: Mailing Address: _____ _____				8. Classification: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Home Phone: (____) _____ Cell Phone: (____) _____				9. Background Check Status*:	
Email Address: _____				<input type="checkbox"/> Background Check Completed	
Known Allergies: _____				<input type="checkbox"/> Background Check Pending <small>*Employment is contingent upon an acceptable background check</small>	
10. Emergency Contact Information: Name: _____ Relationship: _____ Home Phone: (____) _____ Cell Phone: (____) _____				11. Other Employment Conditions: 	
12. Employee Status and Initial Pay Information:					
<input type="checkbox"/> <u>Regular Full-Time</u> Annual Salary: \$ _____ Step (circle one): Entry 1 2 3 4		<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>Special Full-Time (30-39 hrs/wk) *</u> Annual Salary: \$ _____ Step (circle one): Entry 1 2 3 4 Approved hr/wk (30-39) _____	
				<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	
13. Employee Signature: Signature: _____ Date: _____			14. Supervisor Approval: Signature: _____ Date: _____		
15. Department Head Approval: Signature: _____ Date: _____			16. City Manager Approval: Signature: _____ Date: _____		

HR USE ONLY

17. Entered in Payroll: Signature: _____ Date: _____		18. Employee Number:
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