



RE-HIRE EMPLOYEE INFORMATION FORM

Employee's Name: _____
Social Security Number: _____ Birth Date: _____
Street Address: _____ Apt / PO Box: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Relationship: _____
Contact Phone Number (Daytime): _____

I agree that the information listed above is accurate and correct. I understand and agree that it is my responsibility to complete, sign and submit all applicable re-hire forms including, but not limited to, the W-4, I-9, bank direct deposit, employee handbook receipts and other documents deemed appropriate within the required time in order to continue my employment.

Employee Signature: _____ **Date:** _____

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Information below to be completed by an Authorized Company Representative

Company Name:
Department:
Job Title:
Re-hire Date:
Pay Information: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY RATE \$ _____
Normally Scheduled Hours: _____ to _____
Primary Assigned Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Average Hours Per Week: <input type="checkbox"/> Full-Time (30+ hrs/wk) <input type="checkbox"/> Part-Time (20-29 hrs/wk) <input type="checkbox"/> On-Call (<20 hrs/wk) <input type="checkbox"/> Seasonal/Temporary
Eligible for benefits after probationary period? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Authorized Company Representative

Date

**Attach the completed document along with W-4/State tax forms and current direct deposit information.
Send immediately to ensure timely processing.**