



NEW HIRE INFORMATION

Date: _____ Company Name: _____

Name (Last): _____ First: _____ MI: _____
(Name must be the same as on social security card)

Social Security No. _____ - _____ - _____ Date of Birth: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ - _____ Cellular/Alternate: (_____) _____ - _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Email Address: _____

Are you subject to a child support order and/or garnishment? Yes ____ No ____

If yes, please provide a copy of the appropriate paperwork.

I understand that Diversified Human Resources (“DHR”) is a full service human resources company that provides a human resource assistance plan to my employer (the Company). Under this arrangement, I understand that both DHR and the Company have the right to hire, terminate and/or discipline me. I further understand, however, that the Company retains the right to direct and control my employment on a day-to-day basis. I further understand and agree that my employment with the Company is at-will, which means that either the Company or DHR or I can terminate my employment at any time with or without cause or notice. If a separation of employment occurs, I understand and agree that I am to immediately notify DHR. If I do not notify DHR of a separation, I am exercising my right to terminate my employment. Finally, I understand and agree that the at-will nature of my employment can only be modified by an express written agreement signed by the President of the Company.

Employee Signature: _____ Date: _____

SECTION BELOW TO BE COMPLETED BY HIRING EMPLOYER (CLIENT)

Original Hire Date: _____ State Class Code: _____ Location: _____

Job Date: _____ Position: _____ Department: _____

Full Time Part Time Pay Rate: _____ Hourly Salary

Overtime Rate 1.5 Other _____

Did you verify that the following forms have been completed and signed?

- | | |
|--------------------------|---|
| Federal Withholding Form | State Withholding Form, if applicable |
| I-9 Verification | Direct deposit form includes voided check |

Supervisor’s Signature: _____ Date: _____