

TOWN OF HAMILTON HUMAN RESOURCE RECORD

I. PERSONAL DATA *(Please type or print clearly)*

Last Name		First Name		Initial	Social Security No. / /
Street Address				State	Zip Code
Phone #s:	Home	Work		Cell	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/ /	Dependent Children	<input type="checkbox"/> Yes # _____ <input type="checkbox"/> No
				Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Previous Governmental Employers:					
<u>Employer Name</u>		<u>Length of Service:</u>			
(1)	_____	Start Date:	_____	End Date:	_____
(2)	_____	Start Date:	_____	End Date:	_____
(3)	_____	Start Date:	_____	End Date:	_____
Education:					Veteran?
<input type="checkbox"/> High School/G.E.D <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate					<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:					
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Aslaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
Spouse's Name:		Date of Birth		Social Security No.	
		/ /		/ /	
Emergency Contact:		Relationship		Phone #	

***** *For Office Use Only (Please do not write below this line)* *****

II. PAYROLL INFORMATION

Employee No:	Hire Date:	/ /	Retirement Date:	/ /
Employment:	<input type="checkbox"/> F/T (40/37.5 Hrs.) <input type="checkbox"/> P/T ≥ 20 Hrs. <input type="checkbox"/> P/T < 20 Hrs. Sch.Hours _____			Benefit Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:		Position:		

III. PAYROLL FORMS AND RECORD CHECK

- | | | |
|---|--|--|
| <input type="checkbox"/> Offer Letter | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Direct Deposit Authorization Form | <input type="checkbox"/> Work Permit (under 18 yrs of age) | <input type="checkbox"/> SSA - 1945 Form |
| <input type="checkbox"/> I-9 - Employment Verification Form | <input type="checkbox"/> Birth Certificate (Employee) | <input type="checkbox"/> Administrative Unite A |
| <input type="checkbox"/> Essex County Retirement Form | <input type="checkbox"/> Birth Certificate (Spouse) | <input type="checkbox"/> Firefighters (TBD) |
| <input type="checkbox"/> Great West OBRA (P/T Employees) | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Police/Fire Signal Operators |
| <input type="checkbox"/> W-4 IRS Tax Form | <input type="checkbox"/> Sexual Harrassment Policy | <input type="checkbox"/> Police Benevolent Association |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> C.O.R.I. Check | <input type="checkbox"/> Public Works |

IV. BENEFIT OPTIONS										
Health Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Network Blue Options v.3 <input type="checkbox"/> PPO Blue Options v.3 <input type="checkbox"/> EHIRD09 (Health Disclosure Form)	Dental Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Standard <input type="checkbox"/> High Option	Life Insurance: <input type="checkbox"/> The Standard (Basic \$5,000 Policy) <input type="checkbox"/> The Standard Suppl. \$ _____								
Other Voluntary Deductions: <input type="checkbox"/> Great West Smart Plan (457 Plan) <input type="checkbox"/> Metropolitan Credit Union <input type="checkbox"/> Mutual of Omaha Disability Ins. <input type="checkbox"/> Other _____		<table border="1"> <thead> <tr> <th style="text-align: left;"><u>For Office Use Only</u></th> <th style="text-align: left;"><u>Date Verified</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> I. Payroll Information</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> II. Payroll Forms</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> III. Benefit Options</td> <td>_____</td> </tr> </tbody> </table>	<u>For Office Use Only</u>	<u>Date Verified</u>	<input type="checkbox"/> I. Payroll Information	_____	<input type="checkbox"/> II. Payroll Forms	_____	<input type="checkbox"/> III. Benefit Options	_____
<u>For Office Use Only</u>	<u>Date Verified</u>									
<input type="checkbox"/> I. Payroll Information	_____									
<input type="checkbox"/> II. Payroll Forms	_____									
<input type="checkbox"/> III. Benefit Options	_____									