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: ☐ Male ☐ Female

Date of Birth: / /

Dependent Children ☐ Yes #_____ ☐ No

Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Widowed

Previous Governmental Employers:

Employer Name	Length of Service:	
(1)	Start Date:	End Date:
(2)	Start Date:	End Date:
(3)	Start Date:	End Date:

Education: ☐ High School/G.E.D ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate

Veteran? ☐ Yes ☐ No

Ethnicity: ☐ Hispanic/Latino ☐ White ☐ Asian ☐ Black/African American ☐ American Indian/Aslaskan Native ☐ 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: ☐ F/T (40/37.5 Hrs.) ☐ P/T ≥ 20 Hrs. ☐ P/T< 20 Hrs. Sch.Hours ____

Benefit Eligible ☐ Yes ☐ No

Department:	Position:

III. PAYROLL FORMS AND RECORD CHECK

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