



NEW EMPLOYEE FORM

Name: _____

Address: _____

City, state, zip: _____

Phone: _____

Date of birth: _____ Email: _____

Social Security number: _____

To be completed by staff:

Job Title: _____

Work schedule: _____

Rate of pay: _____ per hour Hours per week: _____

Location: Downtown Caledonia

Approved by:

(director)