

**PEOPLESOFT HCM NEW HIRE FORM**

Today's Date (Month/Date/Year) _____/_____/_____	Effective Date _____/_____/_____
Name (as it appears on Social Security card):	
First _____	Middle _____
Last (Select one, if applicable) <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr <input type="checkbox"/> Sr	
Former Name (if applicable) _____	

**Purpose**     New Employee     Change Personal Information (complete only the items that you wish to change)

I am a previous Lucas County employee <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, when? Previous department? _____ Empl ID #: _____
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Street Address _____	Apt/Unit # _____
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City _____	County _____	ZIP Code _____	State _____
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Mailing Address (if different from Street Address) \_\_\_\_\_

City _____	ZIP Code _____	State _____
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Home Phone (____) _____	Other Phone (____) _____	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other
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E-mail Address _____	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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<b>Highest Education Level (may require documentation)</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> HS or equivalent <input type="checkbox"/> Master's degree <input type="checkbox"/> Some college <input type="checkbox"/> Doctorate (academic) <input type="checkbox"/> Technical school <input type="checkbox"/> Doctorate (professional) <input type="checkbox"/> 2-year degree <input type="checkbox"/> Post Doctorate	<b>Marital Status (may require documentation)</b> <input type="checkbox"/> Common Law    As of _____/_____/_____ <input type="checkbox"/> Divorced    As of _____/_____/_____ <input type="checkbox"/> Married    As of _____/_____/_____ <input type="checkbox"/> Separated    As of _____/_____/_____ <input type="checkbox"/> Single    As of _____/_____/_____ <input type="checkbox"/> Widowed    As of _____/_____/_____ 
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If married, my spouse is a Lucas County employee <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, spouse's name _____ Spouse's Empl ID _____
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Are you a smoker? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a full-time student? <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>Military Status (may require documentation)</b> <input type="checkbox"/> Active Reserve <input type="checkbox"/> Not a Vietnam- Era Veteran <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> No Military Service <input type="checkbox"/> Post-Vietnam-Era Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Pre-Vietnam-Era Veteran	<input type="checkbox"/> Retired Military <input type="checkbox"/> Veteran (VA Ineligible) <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Vietnam and Other Protected Vet <input type="checkbox"/> Vietnam-Era Veteran
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Birth Date _____/_____/_____	Birth State _____	Birth City _____
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Social Security # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Ethnic Group (for EEO reporting only – response is voluntary)**

American Indian / Alaskan Native  
 Asian  
 Black / African American  
 Hispanic / Latino  
 Native Hawaiian / Other Pacific Islander  
 White

Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

- I do not give permission to contact anyone in an emergency situation.
- Please contact the following individual(s):

**Primary Emergency Contact Information**

Contact's Name \_\_\_\_\_

- Relationship to Employee:**
- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Domestic Partner (Adult)     | <input type="checkbox"/> Domestic Partner's Son | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Domestic Partner's Daughter  | <input type="checkbox"/> Daughter               | <input type="checkbox"/> Rec Child |
| <input type="checkbox"/> Domestic Partner's Other     | <input type="checkbox"/> Employee               | <input type="checkbox"/> Self      |
| <input type="checkbox"/> Domestic Partner's Rec Child | <input type="checkbox"/> Estate                 | <input type="checkbox"/> Son       |
|   | <input type="checkbox"/> Ex-Spouse              | <input type="checkbox"/> Spouse    |

Check if  address and/or  phone are the same as the employee's. (if no, please fill in the information below.)

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_ State \_\_\_\_\_

Contact Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work  Other

Alternate Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work  Other

**Alternate Emergency Contact Information**

Contact's Name \_\_\_\_\_

- Relationship to Employee:**
- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Domestic Partner (Adult)     | <input type="checkbox"/> Domestic Partner's Son | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Domestic Partner's Daughter  | <input type="checkbox"/> Daughter               | <input type="checkbox"/> Rec Child |
| <input type="checkbox"/> Domestic Partner's Other     | <input type="checkbox"/> Employee               | <input type="checkbox"/> Self      |
| <input type="checkbox"/> Domestic Partner's Rec Child | <input type="checkbox"/> Estate                 | <input type="checkbox"/> Son       |
|   | <input type="checkbox"/> Ex-Spouse              | <input type="checkbox"/> Spouse    |

Check if  address and/or  phone are the same as the employee's. (if no, please fill in the information below.)

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_ State \_\_\_\_\_

Contact Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work  Other

Alternate Phone (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work  Other

# JOB INFORMATION FORM

## To be completed by HR, Benefits, or Payroll staff member only

(Completing this page is optional—all of this information is in the PeopleSoft system)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> <i>New Hire</i>        | <input type="checkbox"/> <i>Termination</i> | <input type="checkbox"/> <i>Promotion</i>       | <input type="checkbox"/> <i>Completion of Probation</i> |
| <input type="checkbox"/> <i>Pay Rate Change</i> | <input type="checkbox"/> <i>Retirement</i>  | <input type="checkbox"/> <i>Demotion</i>        | <input type="checkbox"/> <i>Other _____</i>             |
| <input type="checkbox"/> <i>Additional Job</i>  | <input type="checkbox"/> <i>Transfer</i>    | <input type="checkbox"/> <i>Position Change</i> |   |

### Use this list if using Position Data

(Most commonly used)

Position Number	
Pay Group	
Holiday Schedule	<b>NONE</b>
Tax Location Code	
Step (if applicable)	
Compensation Rate	
Account Code	
BAS Group ID	
Benefits Service Date (if prior service)	
Work Group	

### Use this list if NOT using Position Data

Job Code Number	
Regular/Temporary	
Full Time/Part Time	
Union Code (if applicable)	
Position Title	
Department Number	
Location Code	
Reports to Position #	
Salary Admin Plan	
Grade (if applicable)	
Standard Hours	
Work Period (Week)	
DAS Status (classified or unclassified)	