



I N T E G R A T E D   B U S I N E S S   S E R V I C E S

## New Hire Form (PEO)

**Employer Name:** \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sex:  M  F    Email: \_\_\_\_\_

Race:  American Indian  Asian  Black  Caucasian/White  Hispanic  Middle Eastern  
 Native Hawaiian/Other Pacific Islander  Two or More Races  Other

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### Employment Information

**Hire Date:** \_\_\_\_\_    **Employment Status:**  Active or  Terminated - Date: \_\_\_\_\_

**Employment Type:**  Fulltime  Part time  Seasonal - Part time/Seasonal employees do not accrue benefits.

**Pay Rate:** \_\_\_\_\_     Hourly  Weekly  Biweekly  Semi-monthly  Monthly  Yearly  
\_\_\_\_\_ Standard Hours per pay period (optional if less than 40 hrs per week).

**Pay Method:**  Hourly  Salary  Commission Only

**Pay Group:** \_\_\_\_\_ Used only for employers with multiple pay cycles.

**Automatic Time Sheet Pay:**  No  Yes - Hours \_\_\_\_\_ per pay period.

**Job Title:** \_\_\_\_\_    **Description:** \_\_\_\_\_

**Location:** \_\_\_\_\_    **Dept:** \_\_\_\_\_    **Benefit:** \_\_\_\_\_

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### Attach:

- W-4 - *If not completed, then the highest tax rate will be withheld – Single with Zero exemptions.*
- I-9 Employment Verification Form – *Employer and Employee must both sign.*
- Employee Release and Acknowledgement.
- Safety/Handbook Acknowledgement.
- Direct Deposit Authorization (Optional).
- MVR Request - Required for business related driving. Complete a "Notification and Authorization" form.
- Proof of age for all Employees Age 14 to 17 – DOL requirement.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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