



New Employee Information Form

Employee Information:

Name: _____ Hire Date: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell/Alternate Phone: _____

Date of Birth: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____

Alternate Emergency Contact:

Name: _____ Phone: _____

Beneficiary:

Name: _____ Phone: _____

If any of the above information changes, I will inform Human Resources. _____ Initial

I understand that there can be no discrimination on the basis of gender, age, race and color, religion, marital status, sexual orientation, national origin, disability or veteran status in any of the programs administered by Catholic Community Service and that, as an employee, I will actively work to serve all clients. _____ Initial

Employee's Signature _____ Date _____