

# Sandwich Public Schools NEW HIRE EMPLOYEE INFORMATION FORM



For Office Use Only	
Emp. No.	
Dept.	
Town Hall	
AESOP	
Hlth. Care Elig.	
Payroll	
Bi-weekly	
Hourly	
Pays	

Date: \_\_\_\_\_

New       Rehire

Employee Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Soc.Sec. Number: \_\_\_\_\_

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

email: \_\_\_\_\_

**EMPLOYEE STATUS:**

School: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Schedule: \_\_\_\_\_

**TYPE OF EMPLOYMENT:**

Full-Time       Part-Time       Long Term Sub       Permanent Sub       New Position

Special Education       Replacement \*      \*Replacement for: \_\_\_\_\_

**CERTIFICATION:**

Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Status: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

Administrators' Signature \_\_\_\_\_ Date \_\_\_\_\_

Dir. of PS (if Spec. Ed.) Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_