

TOWN OF HAMILTON HUMAN RESOURCE RECORD

I. PERSONAL DATA *(Please type or print clearly)*

Last Name		First Name		Initial	S.S.#
Street Address				State	Zip Code
Phone #:	Home	Work		Cell	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	Dependent Children	<input type="checkbox"/> Yes # _____ <input type="checkbox"/> No
Marital Status:				<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Education: <input type="checkbox"/> High School/G.E.D. <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate					
Spouse's Name:			Date of Birth	/ /	S.S.#
Emergency Contact:			Relationship	Phone #	

For Office Use Only (Please do not write below this line)

II. PAYROLL INFORMATION

Employee No:	Hire Date:	/ /	Retirement Date:	/ /
Employment: <input type="checkbox"/> F/T (40/37.5 Hrs.) <input type="checkbox"/> P/T ≥ 20 Hrs. <input type="checkbox"/> P/T < 20 Hrs. Sch.Hours _____				Benefit Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:		Position:		

III. PAYROLL FORMS AND RECORD CHECK

- | | | |
|---|--|--|
| <input type="checkbox"/> Offer Letter | <input type="checkbox"/> Work Permit (under 18 yrs of age) | <input type="checkbox"/> SSA - 1945 Form |
| <input type="checkbox"/> Direct Deposit Authorization Form | <input type="checkbox"/> Birth Certificate (Employee) | <input type="checkbox"/> Administrative Unite A |
| <input type="checkbox"/> I-9 - Employment Verification Form | <input type="checkbox"/> Birth Certificate (Spouse) | <input type="checkbox"/> Firefighters (TBD) |
| <input type="checkbox"/> Essex County Retirement Form | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Police/Fire Signal Operators |
| <input type="checkbox"/> W-4 IRS Tax Form | <input type="checkbox"/> Sexual Harrassment Policy | <input type="checkbox"/> Police Benevolent Association |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> C.O.R.I. Check | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | |

IV. BENEFIT OPTIONS

- | | | |
|---|---|---|
| Health Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Family | Dental Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Family | Life Insurance: |
| <input type="checkbox"/> HMO Blue | <input type="checkbox"/> Standard | <input type="checkbox"/> AIG (Basic \$5,000 Policy) |
| <input type="checkbox"/> HMO Blue Value | <input type="checkbox"/> High Option | <input type="checkbox"/> AIG Supplemental \$ _____ |
| <input type="checkbox"/> Blue Care Elect | | |
| <input type="checkbox"/> EHIRD09 (Health Disclosure Form) | | |

Other Voluntary Deductions:

- | | |
|---|--|
| <input type="checkbox"/> Great West Smart Plan (457 Plan) | <input type="checkbox"/> Metropolitan Credit Union |
| <input type="checkbox"/> Great West OBRA (P/T Employees) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mutual of Omaha Disability Insurance | |

<u><i>For Office Use Only</i></u>	<u><i>Date Verified</i></u>
<input type="checkbox"/> II - Payroll Information	_____
<input type="checkbox"/> III - Payroll Forms	_____
<input type="checkbox"/> IV - Benefit Options	_____