



# Fort Calhoun Community Schools

## New Hire Information

Full Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Mailing (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Optional: Chose the category or categories that describes you

Race:

Ethnicity:

### Office use

Job Title: \_\_\_\_\_ EMP# \_\_\_\_\_ PS # \_\_\_\_\_

Leave Plan: \_\_\_\_\_

Onesource Ordered \_\_\_\_\_ Received \_\_\_\_\_

DHHS Received \_\_\_\_\_

Nebraska New Hire: \_\_\_\_\_

I-9 Forms \_\_\_\_\_

W4 \_\_\_\_\_ W4N \_\_\_\_\_