



NEW HIRE INFORMATION RECORD – FACULTY/STAFF

Name: _____
Last First Middle Initial

Address: _____
Street

_____ City State Zip Code

S.S. # _____ Home Phone: _____

Sex: _____ Martial Status: _____ Date of Birth _____

Hire Date: _____ Hours Per Week: _____ Shift: _____

Dept: _____ Position: _____

Professional License #: _____ Exp. Date: _____

Physical Limitations: _____

Current Health Restrictions: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Work Phone #: _____ Home Phone #: _____

Address: _____

I certify that the statements made by me on this form are complete and true. I understand that any misstatements or omissions of facts may be cause for my dismissal.

Name: _____ Date: _____

Human Resources
435 Hawthorne Avenue, Suite 101
Oakland, CA 94609
Te. (510) 869-6739 ♦ Fax (510) 869-6115