



HUMAN RESOURCE INDOCTRINATION

☐ Initial ☐ Change (fill out only area to be changed)

Employee Name: _____ Employee Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

IN CASE OF EMERGENCY NOTIFY

Name: _____ Phone: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

EMPLOYEE DATA

Social Security Number: _____

☐ Full Time Employee ☐ Part Time Employee ☐ Seasonal Employee

Referral Source: _____

Birthdate: _____ Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Employee Signature

Date

Human Resources Signature

Date