



# New Hire Data Input Form

Employee Section		Client: _____
First Name: _____ Middle Initial: _____ Last Name: _____		
Social Security #: _____ Date of Birth: _____		
Address: _____ City: _____ State: _____ Zip: _____		
Mailing Address: _____ City: _____ State: _____ Zip: _____		
Personal E-Mail Address: _____ Work E-Mail Address: _____		
Home Phone: _____ Cell Phone: _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female      Vet Status (optional): _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Race: <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native		
<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other/Opt Out		
Emergency Contact Name: _____ Relationship: _____		
Emergency Contact Phone: _____		
<p>Vensure has entered into a service agreement with your present employer. This agreement enables Vensure to become your co-employer. Please be advised that your status with Vensure is contingent upon continued payment of fees for services rendered by your present employer. In the unlikely event that your present employer fails to render payment to Vensure, your status with Vensure will be automatically terminated. Vensure is under no obligation to inform you should such an event occur.</p>		
<p>Are you subject to a wage assignment order pursuant to § 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>(Initial) _____ I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.</p>		

Client Section	
Job Title: _____	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi Monthly
Job Description: _____	Pay Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Piece
Original Hire Date (DD/MM/YYYY): _____	Salary: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Other
Vensure Hire Date (DD/MM/YYYY): _____	Pay Rate: <input type="checkbox"/> Primary <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5
Department: _____	Status (Full/Part Time/Seasonal/Temp): _____
Division: _____	Workers' Comp Code: _____
Location: _____	