

# NEW HIRE FORM

Company Name \_\_\_\_\_ New Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMPLOYEE INFORMATION

First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Email Address \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone \_\_\_\_\_

Gender:  Female  Male  Non-Binary  Chose not to answer

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## PAYROLL INFORMATION

Employee Category:  Full-Time  Part-Time

Primary Job Code \_\_\_\_\_ Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Secondary Job Code \_\_\_\_\_ Pay \$ \_\_\_\_\_ per \_\_\_\_\_

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## INCOME TAX INFORMATION

Federal Income Tax:  Single or Married Filing Separately  Married Filing Jointly  Head of Household

Dependents Amount: \_\_\_\_\_ Other Income Amount: \_\_\_\_\_ Deductions Amount: \_\_\_\_\_

Additional \$: \_\_\_\_\_  Dollars  Percent

Massachusetts Income Tax:  MA - Head of Household  MA – Other than Head of Household

Exemptions: \_\_\_\_\_ Additional Exemptions: \_\_\_\_\_ Exemption Amount \$: \_\_\_\_\_

Additional \$: \_\_\_\_\_  Dollars  Percent

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## ATTACHED DOCUMENTS (in order as appears)

- Direct Deposit
- I-9
- I-9 IDs Scanned
- W-4
- M-4
- MA Healthcare Form or Coverage Waiver
- Meal Break Waiver
- Food Employee Reporting Agreement
- NDA
- Mutual Arbitration Agreement
- Notice to Tipped Employees
- PFML Notice
- Handbook Receipt
- Certificates

Send to Elyse Brooks – Please make sure all paperwork is complete w/ signature & dates before submitting.