



**Department of Mechanical Engineering  
New Hire Information Sheet**

<b>Employee Information</b>	
Salutation: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Name (First Middle Last):	
Employment Start Date:	US Social Security #:
Date of Birth:	Citizenship:
Full Residence Address:	Full Postal Address (if different):
Phone#:	Alt. Phone#:
Email:	
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races	
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Veteran? <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran	
Last Degree Earned:	Date Last Degree Earned:
<b>Emergency Contact Information</b>	
Name:	Telephone #:
Full Address:	
<b>International Employees Only</b>	
Visa Type:	Original US Entry Date:
Visa Issue Date:	Visa End Date:
Work Auth. Expiration Date:	<input type="checkbox"/> Foreign National Information Form completed
<b>Licensure or Certification</b>	
License or Certification? <input type="checkbox"/> YES <input type="checkbox"/> NO	License # and State:
License Begin Date:	License End Date:
<b>Administrative Actions - For Department Use Only</b>	
Position Title:	
Work Location - Building and Room #:	
Reports To:	Salary Amount:
Position #:	Position Maintain ISR #:
Internal Order / Cost Center (if more than one, indicate % or amount to charge each):	
Org Unit: <input type="checkbox"/> 10001495 <input type="checkbox"/> 10003938	Standard Hours _____
<input type="checkbox"/> Hire ISR #:	Graduate student academic positions: <input type="checkbox"/> Fellowship / non-employee = 1 <input type="checkbox"/> Research Assistant = 10 <input type="checkbox"/> Teaching Assistants = 5
<input type="checkbox"/> I-9 Form Notification Sent to Employee	
<input type="checkbox"/> Tax Forms completed	
<input type="checkbox"/> Direct Deposit offered	
<input type="checkbox"/> "Confirmation of Campus Employment" form completed for student employees	