

NEW EMPLOYEE FORM

JOB SITE NAME			DATE
NAME OF NEW EMPLOYEE			TELEPHONE
ADDRESS	CITY	STATE	ZIP
JOB TITLE		SOCIAL SECURITY #	REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE STARTED			
RATE OF COMPENSATION: CASH WAGES/SALARY APARTMENT VALUE			
COMBINED COMPENSATION			

If any apartment rental value is being included as compensation provide the following:

UNIT # _____ UNIT TYPE _____ CURRENT MARKET RENT _____

CHECK ONE: REGULAR ☐ TEMPORARY ☐ _____
If temporary explain anticipated length of employment

CHECK ONE: FULL TIME ☐ PART TIME ☐ _____
If part time, indicate number of hours to be worked per week

CHECK ONE: HOURLY NONEXEMPT ☐ SALARY EXEMPT ☐ _____

NOTE: Please make sure that the following forms are included in this new hire packet, or the processing of the employee's first paycheck may be delayed. The forms must be returned to the Payroll Department at the EBMC Corporate office.

	<u>EBMC FORM #</u>		<u>NO</u>	<u>YES</u>
1.	PPM-1	New Employee Form	<input type="checkbox"/>	<input type="checkbox"/>
2.	PPM-4	IRS W-4 Form	<input type="checkbox"/>	<input type="checkbox"/>
3.	PPM-2/2A	Application For Employment	<input type="checkbox"/>	<input type="checkbox"/>
4.	PPM-25	Candidate Release Authorization	<input type="checkbox"/>	<input type="checkbox"/>
5.	PPM-26	Candidate Disclosure / Authorization	<input type="checkbox"/>	<input type="checkbox"/>
6.	PPM-4A	Fair Housing Equal Opportunity Requirements	<input type="checkbox"/>	<input type="checkbox"/>
7.	PPM-5	Agreement for Employees Living On Site <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	PPM-6	Employee Cleaning Deposit Agreement <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
9.	PPM-9	C.O.B.R.A. Acknowledgment	<input type="checkbox"/>	<input type="checkbox"/>
10.	PPM-3	Employment Eligibility Verification, INS Form I-9	<input type="checkbox"/>	<input type="checkbox"/>
11.	PPM-10/10A	Safety Orientation and Acknowledgement Forms	<input type="checkbox"/>	<input type="checkbox"/>
12.	PPM-11	New Employee Orientation Checklist	<input type="checkbox"/>	<input type="checkbox"/>
13.	PPM-23	Acknowledgment of Receipt of Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>
14.	PPM-24	MPN Employee Physician Pre-Designation Form <i>(CA ONLY)</i>	<input type="checkbox"/>	<input type="checkbox"/>
15.	PPM-31	EEOC Information Form	<input type="checkbox"/>	<input type="checkbox"/>
16.	PPM-32	Pay Method Election Form	<input type="checkbox"/>	<input type="checkbox"/>
17.	PPM-28	Direct Deposit Form OR Wells Fargo Paycard Application	<input type="checkbox"/>	<input type="checkbox"/>

All forms must be filled out completely, dated, signed and approved by the Property Supervisor/Manager. Forms not completed will be returned.

 EMPLOYEE'S SIGNATURE

 AUTHORIZED BY (Employees Direct Supervisor or 1st Level Supervisor)

 APPROVED BY (2nd Level Supervisor)

NOTE: THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE'S DIRECT SUPERVISOR ONLY, APPROVED BY THE 2ND LEVEL SUPERVISOR, AND SIGNED BY THE EMPLOYEE.

