

# EMPLOYMENT COVER SHEET

***Must be completed after hiring employee and prior to the beginning of his/her first work shift  
FAX completed form to SDMG (858) 451-6212 as soon as completed.***

<b>TO BE COMPLETED BY EMPLOYEE</b>			
SS#:	Birth Date		
Name (Last, First, Middle)		Nick Name	
Home Address (Street)		Apt #	
(City, State, Zip)		Emergency Contact Name: (Optional- Relationship) :	
Home Phone Number (area code first)		Address:	
		Emergency Phone Number (area code first) :	
Gender <input type="radio"/> Male <input type="radio"/> Female	Marital Status <input type="radio"/> Single <input type="radio"/> Married	Ethnic Origin <input type="radio"/> Black or African American <input type="checkbox"/> Two or more races <input type="radio"/> White <input type="radio"/> Hispanic /Latino <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Hawaiian/ Pacific Islander	
<b>Additional</b>			
Cell Phone		E-mail	
Mailing Address if different from Home Address (Street, City, State, Zip)			

<b>TO BE COMPLETED BY ON-SITE MANAGER</b>			
Assigned Position		<input type="radio"/> Temporary	<input type="radio"/> Full time
		<input type="radio"/> Regular	<input type="radio"/> Part Time
Assigned Duties		<input type="radio"/> Full time	<input type="radio"/> Temporary
		<input type="radio"/> Part Time	
PEO Hire Date		Your Company Original Hire Date	
Pay Rate \$		<input type="radio"/> Per- hour	<input type="radio"/> Month
		<input type="radio"/> Week	<input type="radio"/> Pay Period
		<input type="radio"/> Salary Exempt	<input type="radio"/> Hourly Non-exempt
Information Completed by: (Supervisor, Company Owner or President)			Company

<b>ORIENTATION CHECKLIST TO BE COMPLETED BY SDMG STAFF</b>	
<ul style="list-style-type: none"> <li><input type="radio"/> W/C Code (verified by safety dept.)_____</li> <li><input type="radio"/> Social Security # Verified by _____</li> <li><input type="radio"/> New Hire Packet given _____</li> <li><input type="radio"/> Other _____</li> </ul>	Comments: