



National Institute for Fitness and Sport New Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____
(mm/dd/yyyy)

Emergency Contact Name: _____ Emergency Contact Phone: _____

Job Information

Date of Hire (mm/dd/yyyy): _____

Title: _____

Supervisor Name: _____

Work Address: _____

Work Phone: _____

Primary Department Code: _____

Primary Position Code: _____

Rate of Pay for Primary Position: _____

Secondary Department Code: _____

Secondary Position Code: _____

Rate of Pay for Secondary Position: _____

Status (full time, part time, seasonal): Full time Part time Seasonal

Time Keeping Status: Time Sheet Webclock

Hiring Supervisor Signature

Date (mm/dd/yyyy)

Director Signature

Date (mm/dd/yyyy)