



SAN FRANCISCO  
SCHOOL ALLIANCE

## New Employee Hire Form

**Employee:** \_\_\_\_\_

SS# \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

### Job Information

Department: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_

Site Address: \_\_\_\_\_

Background Check: Yes \_\_\_ No: \_\_\_

\_\_\_\_\_

FTE: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_

Employee Classification:

Expected End Date: \_\_\_\_\_

Regular \_\_\_ Temp (4 mos. or less) \_\_\_

Salary: \_\_\_\_\_ Specify: \_\_\_ Annual \_\_\_ Throughout Employment\*

Biweekly Amount: \_\_\_\_\_

\*Is this figure the absolute, maximum amount the program can spend? Yes \_\_\_ No \_\_\_

**Please return form to HR with a Job Description**