



# Employment Form

## New Hire/Change of Status/Termination

Platte County, Missouri

### EMPLOYEE INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital Status  Single  Married  
 Divorced  Widowed

Emergency Contact Person: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Proposed effective date of  Hiring  Termination or  Change \_\_\_\_\_  
 (Check One)

Position Title \_\_\_\_\_ Grade Level \_\_\_\_\_

Is employee  Full Time  Part Time or  Seasonal/Temporary?

P wo dgt "qh"j qwtu'go r m { gg"y kmly qtnlk "ppg'y ggmA""aaaaaaa

Proposed Salary: Bi-Weekly \_\_\_\_\_ Annually \_\_\_\_\_ Hourly \_\_\_\_\_  
 (Please fill out both Bi-Weekly and Annually for salaried employees)

\_\_\_\_\_  
 Employee's Signature Date

#### PAYROLL INFORMATION

New Hire \_\_\_\_\_ Change \_\_\_\_\_

Termination \_\_\_\_\_ Name \_\_\_\_\_

Transfer \_\_\_\_\_ Address \_\_\_\_\_

From (office) \_\_\_\_\_ Salary \_\_\_\_\_

\_\_\_\_\_

To (office) \_\_\_\_\_

\_\_\_\_\_

Person Authorizing Employment/Change:

\_\_\_\_\_

(Signature)

Office/Department/Division:

\_\_\_\_\_

Copies: **1st Copy:** Human Resources **2nd Copy:** Auditor **3rd Copy:** Elected Official or Department Head