

Diocese of San Jose
Employee Information & History Form

EMPLOYEE INFORMATION:

(TO BE COMPLETED BY EMPLOYEE)

EMPLOYEE ID (HR USE ONLY)

LAST NAME (AS INDICATED ON YOUR SS CARD) FIRST NAME (AS INDICATED ON YOUR SS CARD) M.I.

PREFERRED FIRST & LAST NAME (FOR DSJ E-MAIL DISTRIBUTION)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

GENDER: MALE FEMALE

STREET ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

HOME TELEPHONE NUMBER

CELL TELEPHONE NUMBER

STATUS: SINGLE | MARRIED

CITIZENSHIP: U.S. | NON U.S. | ALIEN A- #: _____

RELIGION: NON-CATHOLIC | CATHOLIC / PARISH: _____

RELIGIOUS ORDER YES NO NAME OF RELIGIOUS ORDER _____

ETHNICITY: ASIAN | BLACK | CAUCASIAN | HISPANIC | AMERICAN INDIAN | DECLINE TO STATE

EMERGENCY INFORMATION:

EMERGENCY CONTACT NAME

TELEPHONE NUMBER

EMERGENCY CONTACT NAME

TELEPHONE NUMBER

PREVIOUS EMPLOYMENT HISTORY IN THE DIOCESE OF SAN JOSE OR ANY OTHER CATHOLIC INSTITUTION:

<u>PERIOD EMPLOYED</u>	<u>FT/PT # OF HRS</u>	<u>NAME OF EMPLOYER</u>	<u>JOB TITLE</u>
_____ TO _____	_____	_____	_____
_____ TO _____	_____	_____	_____
_____ TO _____	_____	_____	_____

HUMAN RESOURCES USE ONLY:

DATE RECEIVED

DATE INTO HR DATABASE

DATE TO PAYROLL

NOTES: _____

Diocese of San Jose Employee Information & History Form

LAST NAME _____

FIRST NAME _____

M.I. _____

EMPLOYEE ID (HR USE ONLY) _____

EMPLOYMENT INFORMATION

(TO BE COMPLETED BY DIOCESAN WORK SITE)

HIRE / START DATE _____

FINGERPRINT DOJ CLEARANCE DATE _____
(If RQUIRED)

FINGERPRINT FBI CLEARANCE DATE _____
(If RQUIRED)

TB CLEARANCE DATE (If RQUIRED) _____

SITE AND JOB INFORMATION:

DIOCESAN SITE NAME _____

DIOCESAN JOB TITLE _____

DIOCESAN SITE CODE _____

DIOCESAN JOB CODE _____
(PER HR JOB CODE LIST)

WILL EMPLOYEE BE A SUPERVISOR? Yes No

NAME OF EMPLOYEE'S SUPERVISOR _____

WORK SCHEDULE

REGULAR / TEMPORARY / SEASONAL / SUBSTITUTE (Select one)

IS THIS POSITION BENEFITS ELIGIBLE? Yes No (Select one)

Note: If the employee will regularly work 20 or more hours per week the position is benefits eligible.

NUMBER OF MONTHS WORKED PER YEAR _____

WHICH MONTHS WORKED? _____

PAY INFORMATION

IS POSITION EXEMPT OR NON-EXEMPT ? (Select one)

(To qualify as exempt, employee must perform exempt duties and be paid a fixed salary of at least \$640/week.)

PAY SCHEDULE – 20 PAY PERIODS 22 PAY PERIODS 24 PAY PERIODS OTHER _____ (Select One)

IF EXEMPT – SEMI-MONTHLY SALARY _____

– % OF FULL TIME SCHEDULE _____

IF NONEXEMPT – HOURLY RATE _____

– HOURS/WEEK _____

– WEEKS/YEAR _____

– STANDARD HOURS/PAY PERIOD _____

(Hrs per Wk x Wk per Year / # of Pay Periods to be Paid. This is ONLY for employees who work a set number of hrs per Wk.)

OR (Check One)

– VARIED HOURS/PAY PERIOD

(Please indicate approximate range hours per week. Actual hours worked must be submitted on the Payroll Input Sheet.)

RELIGIOUS ORDER INFORMATION

(If employee belongs to a religious order, please indicate the order's name and address where check should be mailed.)