



**DIOCESE OF PENSACOLA-TALLAHASSEE
NEW EMPLOYEE INFORMATION FORM
(Must be completed and signed by Employee)**

Employee Demographic Information

First Name _____ Middle Initial ____ Last Name _____
Home Street Address _____
City _____ County _____ State _____ Zip _____
SSN _____ Date of Birth _____ Gender– Female Male
Race _____ Marital Status _____
Home Phone # _____ Cell Phone # _____
Home Email - _____ Work Email - _____

Emergency Contact Information

Emergency Contact Name - _____ Relationship _____
Address - _____ City _____ State _____
Phone # _____ Alternate Phone # _____

The following forms must be completed and attached , you will not be paid until all forms are completed in full and submitted to The Diocese of Pensacola- Tallahassee Human Resource Department –

W-4 Federal Withholding
USCIS Form I-9 (with supporting documentation) signed by authorize representative
Direct Deposit Authorization (if electing)

Are you eligible to participate in the Diocesan Group Benefit Plan (you are scheduled to work at least 30 hours per week) ?

Yes No **If Eligible please complete and attach a Benefit Election Enrollment Form**

By signing I certify that I have completed a level 2 background check, required safe environment course and a credit check (if applicable). I also confirm that the information cited above is correct to the best of my knowledge. I further acknowledge that I will be placed on a 90 day probation period and that The Diocese of Pensacola-Tallahassee is an “At-Will-Employer” and under the Florida Statues that my employment may be terminated at any time.

Employee Printed Name _____ Date _____

Employee Signature _____