

**GREEN CHIMNEYS CHILDREN'S SERVICES / GREEN CHIMNEYS SCHOOL**

**HRIS Input Form**

(Grey Areas to be completed by Human Resources)

**DEMOGRAPHICS**

First Name:		Disability: <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:	
Middle Name:		Smoker: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Last Name:		Military Service: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Social Security No.:		Vietnam Vet: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Street Address:		Disabled Vet: <input type="checkbox"/> No <input type="checkbox"/> Yes	
City:		Original Hire Date:	
County:		Last Hire Date:	
State:		Pay Effective Date:	
Zip:		Hours per Week:	
Home Telephone:		Pay Rate:	
Business Telephone:		\$ Per <input type="checkbox"/> Hour <input type="checkbox"/> Year	
Ext.:		Primary Job Title:	
Date of Birth:		Department:	
Country of Citizenship:		Location:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Secondary Job Title:	
Ethnic Origin: <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		Location:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Secondary Pay Rate:	

**DEPENDENTS** (Please list additional dependents on back of sheet.)

Relationship	Spouse	Child	Child	Child
Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth				
Social Security No.				

**EMERGENCY CONTACTS**

	PRIMARY	SECONDARY
Name		
Relationship		
Home Telephone		
Business Telephone		
Address		

**Continue →**

## EDUCATION

	SCHOOL #1	SCHOOL #2	SCHOOL #3
School Name			
Degree			
Major			
Years Completed			
Graduated	<input type="checkbox"/> Yes / Year _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes / Year _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes / Year _____ <input type="checkbox"/> No
GPA			

## PREVIOUS EMPLOYER

	LAST EMPLOYER	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER
Employer Name			
Job Title			
Company Name			
Dates Employed	From _____ To _____	From _____ To _____	From _____ To _____
Salary			

## DRIVING INFORMATION

Drivers License ID #:	Vehicle Make/Model:
Expiration Date:	License Plate #:
State:	State:

## HR INFORMATION

Benefit Eligibility Date:	Pension Eligibility Date: <input type="checkbox"/> Jan. 1 <input type="checkbox"/> July 1
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## ADDITIONAL INFORMATION

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_