



# NEW HIRE INFORMATION FORM

General information:

To be completed by EMPLOYEE:

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

Social Security #: \_\_\_\_\_

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

Street

City

State

Zip

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:      ( ) Female      ( ) Male

Race/ Ethnicity \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Divorced

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

Cell phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_

### Professional Licensure / Certification:

Issue date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Certificate #: \_\_\_\_\_

MA Education Personal Identifier (MEPID): \_\_\_\_\_

Were you ever a member of any other MA Public Retirement System Membership? ( ) yes ( ) no  
if yes, please list below:

from to dates: \_\_\_\_\_

from to dates: \_\_\_\_\_

from to dates: \_\_\_\_\_

Other Notes: \_\_\_\_\_

### Hiring office to complete:

Primary job title:

Step rate:

Administrator \_\_\_\_\_

Bus Driver \_\_\_\_\_

Bus Monitor \_\_\_\_\_

Clerical / Support staff \_\_\_\_\_

Coach \_\_\_\_\_

Crossing Guard \_\_\_\_\_

Custodian \_\_\_\_\_

Food Service \_\_\_\_\_

Lunch Monitor \_\_\_\_\_

Maintenance \_\_\_\_\_

Nurse \_\_\_\_\_

Substitute \_\_\_\_\_

Teacher \_\_\_\_\_

Teaching Assistant \_\_\_\_\_

Seasonal \_\_\_\_\_

Other \_\_\_\_\_

### Employee Status:

Full Time ( )      Part-time ( )      Per diem ( )

### Benefits Eligible:

Yes ( )      No ( )

### Hire Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_