



Catholic Diocese of Gary Employee Information Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apt/Unit #*

_____ *City* *State* *Zip Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

SSN: _____ Date of Birth: _____

Education

Please circle your highest level of education completed: Elementary High School College Graduate School

Please list any special training or certification: _____

Emergency Contact Information

In an Emergency Notify: _____ Relationship _____
Last *First*

Home Phone: _____ Work Phone: _____

Do you have any existing medical conditions or allergies that you would like to make known to us: _____

Signature: _____

Date: _____

Position Information

-For Office Use-

Title: _____ **Department:** _____

Supervisor: _____ **Start Date:** _____

Full-time/Part-time **Status:** **Salaried/Hourly** **Salary/Hourly Amount:** _____

County of Residence: _____

Marital Status: Married Single Married/Withhold at Single Rate

Benefits Accepted:

Health/Life Coverage	Employee Only	Employee+One	Employee+ Family
Dental	Employee Only	Employee+One	Employee+ Family
Vision	Employee Only	Employee+One	Employee+ Child(ren) Employee+Family
403(b)	Y/N		

Notes: _____

Termination Date: _____ **Vacation Due:** _____

New Hire Forms Checklist

For Office Use

All Employees	Benefits Eligible Employees
Employment Information Form	Waiver of Coverage
Direct Deposit including voided check	Employee Benefits Information Form
I-9 (employment eligibility verification) with acceptable documents	Anthem Health Enrollment Application
W-4 Federal Withholding	Dental/Vision Enrollment Application
WH-4 –State Withholding	Authorization for Payroll Deduction
Conflict of Interest Disclosure	Dearborn National Beneficiary Form
Guidelines for a Safe Environment for Our Youth	
Offer letter	
Job Description	
Job Mutual of America Employee Enrollment Form 403(b)Description	