



NEW EMPLOYEE HIRE INFORMATION

(Please Print)

First Name: _____ Middle Initial: _____ Last Name: _____

Department: _____ Extension: _____

Job Title: _____

Start Date: _____ Birthday: _____ / _____
Month Day

Car Year/Make/Model: _____

License Plate Number: _____

Please check any and all that may apply:

☐ I drive to work and will need parking.

☐ I do not drive to work and will not need parking.

☐ I have a DMV handicapped sticker/placard/license plate.

☐ I have special parking needs due to health problems.
(We will accommodate, if possible)

(For internal use only) Applied Technology _____ Operations _____