



## NEW EMPLOYEE HIRE INFORMATION

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*(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 \_\_\_\_\_