



NEW EMPLOYEE INFORMATION SHEET

	FIRST	LAST	
NAME:	<input type="text"/>	<input type="text"/>	
SSN:	<input type="text"/>		
HOME COST CENTER:	<input type="text"/>	PAY RATE:	<input type="text"/>
EMPLOYEE NUMBER:	<input type="text"/>	EMP HRS:	<input type="text"/>
ADDRESS:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text" value="VA"/>
HOME PHONE:	<input type="text"/>		

CELLPHONE:

CARRIER:

EMERGENCY
PHONE:

NOTIFICATION GROUP: _____

Employee Schedule

Description Employee Schedule (ie – Mon – Fri, 9am to 5pm): _____

Qualifications (Completed by Supervisor):

- | | | |
|---|--|---|
| <input type="checkbox"/> EMT | <input type="checkbox"/> ITLS INSTRUCTOR | <input type="checkbox"/> EI-ACLS LEAD |
| <input type="checkbox"/> BATTALION | <input type="checkbox"/> BLS CORDINATOR | <input type="checkbox"/> EI-ACLS ASSIST |
| <input type="checkbox"/> DRIVER | <input type="checkbox"/> EMS LT | <input type="checkbox"/> EI-ITLS LEAD |
| <input type="checkbox"/> EMT-E | <input type="checkbox"/> INSPECTOR PLANS
REVIEW | <input type="checkbox"/> EI-ITLS ASSIST |
| <input type="checkbox"/> MEDIC | <input type="checkbox"/> INTERNSHIP | <input type="checkbox"/> FI-FF ASSIST |
| <input type="checkbox"/> LOG TECH | <input type="checkbox"/> EI-EMS ALL | <input type="checkbox"/> FI-INST LEAD |
| <input type="checkbox"/> BILLING SPC | <input type="checkbox"/> EI-SK LEAD | <input type="checkbox"/> FI-INST ASSIST |
| <input type="checkbox"/> FF INSTRUCTOR | <input type="checkbox"/> EI-SK DRILL ASSIST | <input type="checkbox"/> EI-CPR LEAD |
| <input type="checkbox"/> ADMIN | <input type="checkbox"/> EI-EMT B LEAD | <input type="checkbox"/> EI-CPR ASSIST |
| <input type="checkbox"/> REVENUE RECOVERY | <input type="checkbox"/> EI-EMT E LEAD | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> STUDENT | <input type="checkbox"/> EI-EMT E ASSIST | |
| <input type="checkbox"/> LOGISTICS | | |