

ELECTION NEW EMPLOYEE DATA SHEET

Name					
<i>Print</i> Last		First		MI	
Address					
<i>Mailing</i> Street			City	State	Zip
Social Security Number			Office use only: Employee #:		
WITHHOLDING INFORMATION			Date of Birth (XX-XX-XXXX)		
Exempt From Withholding <input type="checkbox"/>	Only 2 Jobs in Household <input type="checkbox"/>	Extra Withholding \$	Claim Dependents \$	Home Phone Number <input type="checkbox"/> Unlisted	Cell Phone Number <input type="checkbox"/> Unlisted
Deductions \$	Federal Filing Status <input type="checkbox"/> Married <input type="checkbox"/> Head of Household <input type="checkbox"/> Single		Email: @		
Title: ELECTION PERSONNEL			DRIVER'S LICENSE INFORMATION REQUIRED		
			<input type="checkbox"/> Check if no Drivers License, then list your State/ Gov't ID instead		
Department ELECTION ADMINISTRATION			Number	State	Type (circle) DL CDL ID
Hire Date:			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Pay Type <input checked="" type="checkbox"/> Hourly (PT) <input type="checkbox"/> Salary <input type="checkbox"/> Exempt			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Employment Category		FICA		RACE: (Multiple boxes allowed) <i>Opportunity to Self-Identify</i>	
<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time _____ wkly hours <input checked="" type="checkbox"/> Temporary		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Medicare Only		<input type="checkbox"/> Hispanic / Latino (Can only select this box if no other boxes are checked) <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian / Alaskan Native	
State Employment Code 561990 Date			EE04 Category AS		EE04 Function 1
Workers Comp Code & Dept 8810 / 100-490 Date					
Election Administer (Signature)				Date:	

You must be a registered Voter in Victoria County

W-4, Copy of Driver's License and Social Security Card

REQUIRED