



Oklahoma County New Hire Form

PERSONAL INFORMATION

Last Name	First Name	Initial	Suffix	SSN	Gender	
					F M	
Birth Date	Marital Status	Citizenship	Disabled	Veteran Status	County Assigned Email	
			Y N		@oklahomacounty.org	
Address			City	State	Zip	Blood Type
Ethnic Origin		Home Phone		Cell Phone		
Please check one:						
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiiin/Other Pacific Islander <input type="checkbox"/> Two or More Races		Driver's License: Number _____ State _____ Height _____ Weight _____ Eye Color _____ Hair Color _____		Military Service: Branch _____ Discharge _____ From _____ To _____ From _____ To _____		

SPOUSE INFORMATION

Last Name	First Name	Initial	Suffix	Birth Date	Employer	Work Phone

EMERGENCY NOTIFICATION

Last Name	First Name	Relationship	Cell Phone	Work Phone	
Address		City	State	Zip	Home Phone

PREVIOUS EMPLOYMENT WITH OKLAHOMA COUNTY

Department	Job Title	FROM	TO

EMPLOYEE SIGNATURE

Signature:	Date:

FOR PERSONNEL DEPARTMENT USE ONLY

Supervisor Name		FUND/Cost Center	
Supervisor Phone		Start Date	
FLSA (circle one)	Non-Exempt Exempt	Status (circle one)	Full Part
Job (from list)		Pay Type (circle one)	Salary Hourly
HR Location		Rate	
Assigned Oracle ID		Employee Title	

ELECTED OFFICIAL / DIRECTOR AUTHORIZATION

Signature:	Date:

Return this form to the Oklahoma County Clerk's office, 320 Robert S Kerr, Room 203 Payroll/Benefits
 All original employment documents should accompany this form
 (Signed I-9, Driver's License Copy, Social Security Card Copy, W-4, Direct Deposit Form)

X:\payroll\forms\standard new hire form.xls
 Version 1.1
 Revised 9/16/2009 by Erin Spitzer
 Payroll Dept of Carolynn Caudill, OK County Clerk