City of Louisville
COLORADO • SINCE 1878

New Hire Employee Information

A. Personal Information

Last Name	First Name	Middle Initial	Preferred Name

SSN:	DOB:

Gender:
☐ Male ☐ Female

Marital Status:
☐ Married ☐ Single ☐ Other:_____

Address	City/State	Zip

Home Phone	Cell Phone

Personal Email Address	Alternate Email Address

**If you wish to have your Notice of Deposit sent to your Email please indicate below:
☐ Personal ☐ Alternate ☐ Work:_____

B. Emergency Contact Information

Name	Name
Relationship	Relationship
Home Phone	Home Phone
Cell Phone	Cell Phone

C. Ethinicity (Optional)

☐ Asian
☐ Black
☐ Hispanic
☐ American Indian
☐ Caucasian
☐ Other

D. Job Class & Description (Completed by HR)

JC #: _____ - _____
JC #: _____ - _____
JC #: _____ - _____
JC #: _____ - _____
JC #: _____ - _____
JC #: _____ - _____

DOH:

E. Sign & Date

Signature Date

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

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Direct Deposit Form

EMPLOYEE NAME: _____

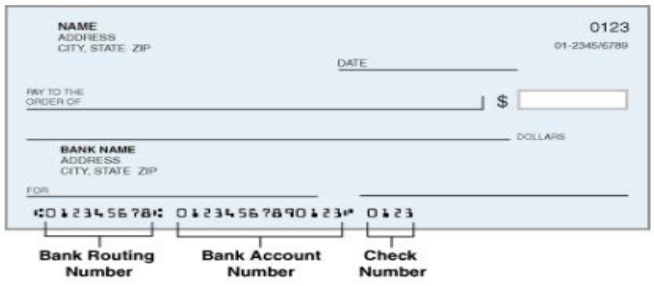
☐ **INITIAL SET UP. Please attach a voided check.**

All employees are required to use a direct deposit for receiving their paycheck.

As a Seasonal or Part-Time employee, you may direct deposit your paycheck to **ONE** bank account.

Be sure to bring a copy of your deposit slip or voided check to your new hire paperwork drop off. Please note that your first paycheck will be a live check and all subsequent checks will default to direct deposit.

How to find your account information using a check:



Bank Name & Branch	Account Number	HR Use	Type of Account (Checking or Savings)	Amount

I understand that the financial institutions and amounts designated will remain in effect each pay period unless changed by me in writing on this form, and presented to the Human Resources Department. Changes in amounts within the same financial institution will take effect on the next processed payroll.

☐ **I request to receive my payroll notice of deposit via email to the following address:** _____

SIGNATURE _____ **DATE** _____

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Recreation Center Membership

I, (print name) _____ am

☐ electing the Louisville Recreation Center Membership

or

☐ **declining** the Louisville Recreation Center Membership

- I understand if I am **NOT** an employee at the Louisville Recreation Center, this is a **taxable** benefit as regulated by the IRS.
- I understand I have the right to add or drop my membership on a monthly basis.

Sign _____ **Date** _____

FOR HUMAN RESOURCES USE ONLY

Rec Center Employee _____ Department _____

Recur code: 790 _____ Status _____

Sign _____ Date _____

Provide copy to employee to take to Rec Center for ID

City of Louisville
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Employment Policy and Personnel Guidelines Acknowledgements

As a City of Louisville employee, you are expected to familiarize and follow Personnel Guidelines, found in your New Hire Process, as well as on the City's webpage:
http://www.louisvilleco.gov/residents/human-resources

You are also expected to familiarize and follow the Code of Ethics, Safety Guidelines, Harassment and Sexual Harassment Policy, Marijuana Policy, Personnel Guidelines and Pregnant Workers Fairness Act, and all workplaces rules and guidelines.
Please initial below acknowledging that you have received the above mentioned forms, and understand their purpose.

_____ I acknowledge that I have received and read information about the Code of Ethics and will read it within two weeks of being employed.

_____ I acknowledge that I have received and read the Safety Guidelines.

_____ I acknowledge that I have received and read the Harassment and Sexual Harassment Policy.

_____ I acknowledge that I have received and read the Marijuana Policy.

_____ I acknowledge that I have received and read the Personnel Guidelines.

_____ I acknowledge that I have received and read the Pregnant Workers Fairness Act.

_____ Should I have any questions about any of the above policies, I understand it is my responsibility to contact my supervisor, Department Director, or a member of the HR staff for clarification.

_____ _____

Employee Signature **Date**