



4105 MASON RIDGE DRIVE, ANNANDALE, VA 22003 | PHONE: (703) 941-4083  
HELLO@WINFIELDMOUNT.COM | WWW.WINFIELDMOUNT.COM

## EMPLOYEE NEW HIRE FORM

Please complete all sections of this form, the Employment Application, a W-4 form, and an Employment Eligibility (Form I-9) with photocopies of employee's I.D. **(Immigration law requires proper identification for employment within 3 days of hire, or the division must not allow the employee to continue working until proper identification is received)**. Also complete the emergency contact and Driver's License information, and, if applicable, a request for Criminal check and affirmation form. No paycheck can be prepared without the appropriately completed paperwork submitted to our Central Office.

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Hire Date: \_\_\_\_\_

\_\_\_\_\_ Job Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Employee #: \_\_\_\_\_ Emergency Contact phone #: \_\_\_\_\_

**Employment/Compensation:**

Annual Gross Salary: \_\_\_\_\_ Per Pay Gross Salary: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**CHECK ONE OPTION FROM EACH SECTION BELOW:**

**REQUIRED:** (We collect this information for government reporting purposes)

<b><u>Job Status:</u></b>	<b><u>Job Classification:</u></b>	<b><u>EEOC Job Category:</u></b>	Office/Clerical _____	<b><u>Gender:</u></b>
Regular Full Time: Exempt _____	Official/Manager _____	Craft Worker (skilled) _____	Female _____	
Regular Part Time: Non-Exempt _____	Professional Service _____	Operative (semi-skilled) _____	Male _____	
Temporary/On-call: _____	Worker Technician _____	Laborer (unskilled) _____		
		Sales _____		

**EEOC Race/Ethnic Identification:**

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_

WMHS-05



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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW EMPLOYEE READ AND SIGN:**

As a new employee of Winfield Mount Health Services, I realize that my job status is probationary for 90 days (3 months from the date of hire). As a probationary staff, I am not entitled to any health insurance benefits for the first 30 days. However, I will start accruing leave days from the date of hire. Once, I am confirmed, a full range of benefits will be available to me.

I certify that I do not currently work for any other Winfield Mount Health Services programs/departments. (If working at another Winfield Mount Health Services' program/department, then a blue change form is needed instead of a new hire form.)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CEO - READ AND SIGN:**

I have checked this form for complete information and verified all previous employment of this individual with Winfield Mount Health Services through the Human Resources Department. I understand that if this employee was previously terminated from Winfield Mount Health Services for one of the following reasons, written agreement from a member of the management team is needed prior to hiring:

1. **Improper Conduct** (policy violations);
2. **Gross Misconduct** (theft, individual abuse, insubordination, etc.);

CEO's Signature: \_\_\_\_\_ Date: \_\_\_\_\_