



**DEDICATED CARE
HEALTH SERVICES**

.....
OPTIMIZING RECOVERY THROUGH
CONSUMER-CENTERED QUALITY CARE
.....

**DEPAUL PROFESSIONAL BUILDING
1160 VARNUM STREET NE, WASHINGTON, DC 20017**

O: (202) 525-1715 | F: (202) 723-1211 | TTY: (202) 525-1715

Email: info@dedicatedcaresupports.com

WWW.DEDICATEDCARESUPPORTS.COM

EMPLOYEE NEW HIRE FORM



DEPAUL PROFESSIONAL BUILDING
1160 VARNUM STREET NE, WASHINGTON, DC 20017
 O: (202) 525-1715 | F: (202) 723-1211 | TTY: (202) 525-1715
 Email: info@dedicatedcaresupports.com

WWW.DEDICATEDCARESUPPORTS.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)

Job Status:

Regular FullTime: ____
 Regular PartTime: ____
 Temporary/On-call: ____

Job Classification:

Exempt _____
 Non-Exempt _____

EEOC Job Category:

Official/Manager ____
 Professional ____
 Service Worker ____
 Technician ____

Office/Clerical _____

Craft Worker (skilled) ____
 Operative (semi-skilled) ____
 Laborer (unskilled) ____
 Sales _____

Gender:

Female ____
 Male ____

EEOC Race/Ethnic Identification:

White ____ Black ____ Hispanic ____ Asian or Pacific Islander ____ American Indian or Alaskan Native ____



DEPAUL PROFESSIONAL BUILDING
1160 VARNUM STREET NE, WASHINGTON, DC 20017
O: (202) 525-1715 | F: (202) 723-1211 | TTY: (202) 525-1715
Email: info@dedicatedcaresupports.com

WWW.DEDICATEDCARESUPPORTS.COM

COMMENTS:

NEW EMPLOYEE READ AND SIGN:

As a new employee of Dedicated Care 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 Dedicated Care Health Services programs/departments. (If working at another Dedicated Care 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 Dedicated Care Health Services through the Human Resources Department. I understand that if this employee was previously terminated from Dedicated Care 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: _____