

Emp. ID # _____

MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE

EMPLOYEE INFORMATION FORM

New Hire _____ **Re-hire** _____ *(have they previously worked for any Moravian church or agency)*

(Completed form should be submitted to the Provincial Finance Office prior to the first day of employment)

Congregation/Agency: _____ Location of Employment: _____

Employee Information

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____
MM DD YYYY

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip _____

Email Address: _____

Telephone Number (Home) _____ (Cell) _____

*Race _____ *Gender _____

(*Information needed in order to meet the reporting requirements of the Federal Equal Opportunity Employment Commission)

Position Information

Job Position _____ Scheduled First Day of Employment: _____ / _____ / _____
MM DD YYYY

Position is (check one) [] **FULL-TIME** (Full-time = working 30 or more hours per week)

[] **PART-TIME**

Starting Rate of pay: \$ _____ [] Hourly [] Salary

* * * * *

THIS IS TO CERTIFY that the employee named above has completed an EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9). I have reviewed and verified the appropriate documentation and have filed the completed form at this location

Signed _____

Date _____

Church Treasurer or School Director

MM/DD/YYYY

(Can be signed by another authorized Church or School Employee)

Name (printed) _____