

Capital Care

Gentle hearts & hands that love & care

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Silver Spring, MD 20906

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EMPLOYEE NEW HIRE FORM

Please complete all sections of this form, the Capital Care Employment Application, a w-4 from, 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 Capital Care's Central Office.

Personal Information:

Name: _____

Date of Birth: _____

Address: _____

Hire Date: _____

Job Title: _____

Home Phone: _____

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 Full Time: ___

Job Classification:

Exempt ___

Regular Part Time: ___

Non-Exempt ___

Temporary/On-call: ___

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 ___

Comments: _____

NEW EMPLOYEE READ AND SIGN:

As a new employee of Capital Care, 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 Capital Care programs/departments. (If working at another Capital Care program/department, then a blue change form is needed instead of a new hire form.)

Employee's Signature: _____ Date: _____

DIVISION DIRECTOR READ AND SIGN:

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

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

Division Director's Signature: _____ Date: _____