



City of Margate City

New Hire Personnel Form (Full-Time, Part-Time and Temporary)

Employee Name: _____ Date of Hire: _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

Phone: (____) _____ E-mail: _____

Full-Time _____ Part-Time _____ Temporary _____ Temp. Duration _____

Job Title: _____ Annual Salary -or- Hourly Wage Rate: _____

Department: _____

Emergency Contact: : _____ Relationship: _____

Primary Phone No. (____) _____ Alternate Phone No. (____) _____

Address _____

BENEFITS INFORMATION (*Full-Time Employees Only*):

Health Care Plan Coverage Level: Single _____ H/W _____ P/C _____ Family _____ Waiver _____

Effective Dates: Medical and Rx _____ Dental _____

Life Insurance _____ Vision _____

Pension: Effective Date _____

DCRP _____ PERS _____ PFRS _____ Tier _____

Inter-Govt. Transfers Only:

Previous Employer _____

Pension No. _____

Paid Time Off Eligibility:

Vacation Days _____ Sick Days _____ Personal Days _____

Employee Signature _____ Date _____

City Rep. Signature _____ Date _____

Completed and signed original form to be filed in Personnel File. Copy to CFO/Payroll.