Please complete the following information and submit to Human Resources **PLEASE PRINT**

**Participant Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI**\_\_\_\_\_\_

**Participant Contact No(s)**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Employment Start Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:** Full-Time, Temporary unless otherwise noted here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title/Rate of Pay:**

[ ]  Disaster Recovery Crew Worker $10.00/Hr.

[ ]  Disaster Recovery Crew Lead Worker $11.00/Hr.

[ ]  Disaster Recovery Clerical Worker $10.00/Hr.

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worksite:** [ ]  City of Harrisburg Sewer/Water [ ]  City of Harrisburg Streets/Alleys

 [ ]  Village of Galatia [ ]  Harrisburg Township [ ]  Giant City S. P.

 [ ]  Pyramid S. P. [ ]  Lake Murphysboro S. P. [ ]  Wayne Fitzgerald S. P.

 [ ]  Rend Lake S. F. & W. A. [ ]  Saline County S. F. & W. A.

 [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Number** \_\_\_\_\_\_\_\_\_\_\_\_ Employee No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirement:** [ ]  Background Check [ ]  DOT Drug Test [ ]  Reg. Drug Test [ ]  Medical Physical

 [ ]  Pre-Employment Physical [ ]  Immunization

**Completed Forms Attached:**

* State of Illinois W-4
* Federal W-4
* I-9 and copy of supporting documentation
* Acknowledgement for No Harassment Policy
* Emergency Contact Information Form
* Voluntary EO Identification Information
* Direct Deposit Form
* Participant authorization for screenings
* MCI Background Check Authorization form (if applicable)

Submitted by (Man-Tra-Con NEG Coordinator): \_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*HR USE ONLY*

*[ ]  Entered into Database Date \_\_\_\_\_\_\_\_\_\_* *[ ]  New Hire Reporting Completed Date \_\_\_\_\_\_\_\_\_\_*

*[ ]  Background Check Requested Date \_\_\_\_\_\_\_\_\_\_ \_ Received Date\_\_\_\_\_\_\_\_\_\_\_\_ Physical Docs Received\_\_\_\_ Drug Testing Docs Received\_\_\_\_*