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\_\_\_\_*