

DIV # : AC _____ (Was employee transferred from another Division # AC _____)

Location Name _____ SSN _____ - _____ - _____

First Name _____ Middle Name _____

Last Name _____ Suffix _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Birth Date _____ Home/Cell Phone _____ - _____
Month Day Year

Gender: Male Female Marital Status: Single Married

EEOC Ethnic Code: American Indian/Native Hawaiian Asian White

Black or African American Pacific Islander/Native Hawaiian

Hispanic or Latino Two or More Races

Emergency Contact Information

Contact Name _____ Phone _____ - _____

-----Local Parish / School Administrator to complete following information-----

Canonical Role: Lay Religious Sister Religious Brother

Extern Priest Diocesan Deacon Diocesan Priest Religious Priest

Religious Deacon Opus Dei Priest Other _____

Job Title: _____

Arch. Date of Hire: _____ Location Hire Date: _____
Month Day Year

I-9 on File: Yes No COA Main: _____ COA Class: _____

Biwklly/Mo: _____ Hrly/Salary: _____ FT/PTwBen/PTw/oBen: _____

Taxble/Exmpt/FICA Exmpt: _____ Annual Salary: _____ Hrly Rate: _____

of Pays: _____ Standard Hrs/Wk: _____ W4 Status M/S: _____ Fed Exemptns: _____

State Exemptions: _____ Benefit Eligibility Date: _____
Month Day Year

Were Other Payments Made to Employee in this Calendar Year Outside of IOI? Yes No