



New Employee Personal Information

Please promptly complete and return this form in order for us to set you up as an employee in our systems.

Company Name: _____

Employee Data

Legal Name (as shown on the employee's Social Security card): _____

Last: _____

First: _____ Middle: _____

SSN: _____ Date of Birth: _____

Home Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Emergency Contact Information

Name: _____

Relationship: Spouse Other

Daytime Phone Number: _____

Home Address: Same as Employee

Street: _____

City: _____

State: _____ Zip Code: _____

The Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1973 empowered the U.S. Government to require employers report the number of employees in racial, ethnic, gender, age, disabled and veteran groups listed below. Your submission of gender and race/ethnicity information is voluntary and refusal to provide it will not subject you to any adverse treatment, but if you refuse to self-identify gender or race/ethnicity, the federal government requires us to determine this information by visual observation or employment records.

Gender: Male Female

Ethnicity:

American Indian/Alaska Native

Asian

African American/Black

Native Hawaiian/Other Pacific Islander

Hispanic/Latino

White

Two or More Races

Military Status:

Disabled Veteran

Armed Forces Service Medal Veteran

Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized

Recently Separated Veteran

Veteran, but not one of the four protected classes above

Decline to state my veteran status

Not a Veteran

Preferred Telephone Number: _____

Home Mobile

Work Fax

Preferred Email Address: _____

Home Work

Employee Signature

Printed Name: _____

Signature: _____

Date: _____

New Employee Personal Information (Instructions)



The information you provide on this form, in addition to data submitted by your company, is used to set you up as a new hire in TriNet's Payroll and Benefit Systems. Upon receipt of all required information, you will be able to enroll in your company-sponsored benefits online on [TriNet](https://login.trinet.com) (login.trinet.com). To ensure successful online enrollment, please allow 3-5 business days for TriNet to process your information before logging on.

Company Information

Your Company Name: Enter the name of your company.

Employee Data

Legal Name: Enter your legal name as shown on your Social Security Card. This is the name used when remitting your form W-2. It is important that the name on your W-2 match the name on your Social Security Card to ensure your Social Security wages are posted properly.

SSN: Enter your Social Security number.

Date of Birth: Enter your date of birth.

Home Address: Enter your home address.

Emergency Contact Name: Enter the name of a primary contact in the event of an emergency.

Emergency Contact Relationship: Enter the nature of your relationship with the primary contact. Select either Spouse or Other.

Emergency Contact Telephone: Enter the daytime phone number of your primary contact.

Emergency Contact Address: If you share the same address as your emergency contact, check the "Same as Employee" box. If not, enter the contact address.

Gender: If you choose to voluntarily self-identify, select your gender.

Ethnicity: If you choose to voluntarily self-identify, select the ethnic group with which you most closely identify. We understand that you may be of mixed heritage; however, we must use these categories for EEO (Equal Employment Opportunity) reporting.

Preferred Telephone Number: Enter the preferred phone number for TriNet to use to contact you. Select your phone type.

Preferred E-mail Address: Enter the preferred email address and indicate your preferred email location for TriNet to use to contact you.

Military Status

These classifications are defined as follows:

A "**disabled veteran**" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a discharged or released from active duty because of a service-connected disability.

An "**armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Employee Signature

Printed Name: Print your name.

Signature: Sign to acknowledge the accuracy of the information you provided above.

Date: Enter the date the form was completed.