

Part-Time, Non Benefit Eligible Enrollment Form

1	<p>Name (First) (Middle Initial) (Last)</p> <p>Address (Street)</p> <p>City/Sate (Town) (State) (Zip)</p>	<p>Soc Sec #</p> <p>Date of Birth</p> <p>Phone cell</p> <p>email:</p>
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2	<p>In case of emergency contact:</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/zip _____</p> <p>Relationship _____</p> <p>Phone (_____) _____ (Area Code)</p>	<p>3</p> <p>Date begin work _____</p> <p>Department _____</p> <p>Position _____</p> <p>Hours per week _____</p> <p>Rate of pay _____ (Circle one) <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary</p> <p><input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal (6 months or less)</p> <p>Do you hold another job with the town? If so, what department(s) _____</p>
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4	<p>For payroll dept use only</p> <p>HIRD:</p> <p>1) Complete HIRD Check off list to determine eligibility for Mass Conn</p> <p>2) If ineligible, include check off list with packet</p> <p>3) If eligible, have employee complete the HIRD form and put in packet for EE payroll file</p>	<p>For payroll dept use only</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td>Form W-4</td> <td><input type="checkbox"/></td> <td>SEC 125 Mass Conn</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Form M-4</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Form I-9</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>OBRA - Mandatory (ING Form)</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Birth Cert/Soc Sec Card &</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Photo ID/ OR Passport</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sexual Harassment form</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Direct Deposit form</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Benefit Booklet</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>HIRD form Ck-off list</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<input type="checkbox"/>	Form W-4	<input type="checkbox"/>	SEC 125 Mass Conn	<input type="checkbox"/>	Form M-4	<input type="checkbox"/>		<input type="checkbox"/>	Form I-9	<input type="checkbox"/>		<input type="checkbox"/>	OBRA - Mandatory (ING Form)	<input type="checkbox"/>		<input type="checkbox"/>	Birth Cert/Soc Sec Card &	<input type="checkbox"/>		<input type="checkbox"/>	Photo ID/ OR Passport	<input type="checkbox"/>		<input type="checkbox"/>	Sexual Harassment form	<input type="checkbox"/>		<input type="checkbox"/>	Direct Deposit form	<input type="checkbox"/>		<input type="checkbox"/>	Benefit Booklet	<input type="checkbox"/>		<input type="checkbox"/>	HIRD form Ck-off list	<input type="checkbox"/>	
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Are you a retiree from the state, a city or a town in Massachusetts? Yes No

All of the information provided above is correct and true.

Signature

Date