

Part-Time, Non Benefit Eligible Enrollment Form

1	Name _____ (First) (Middle Initial) (Last)	Soc Sec # _____
Address _____ (Street)	Date of Birth _____	
City/State _____ (Town) (State) (Zip)	Phone cell _____	
	email: _____	

2
In case of emergency contact:
Name _____
Address _____
City/State/zip _____
Relationship _____
Phone () _____ (Area Code)

3
Date begin work _____
Department _____
Position _____
Hours per week _____
Rate of pay _____ X _____ (Circle one) Hourly Salary
<input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal (6 months or less)
Do you hold another job with the town? If so, what department(s) _____

4
For payroll dept use only
HIRD
1) Complete Hird Check off list to determine eligibility for Mass Conn
2) If ineligible, include check off list with packet
3) If eligible, have employee complete the HIRD form and put in packet for EE payroll file

For payroll dept use only	
<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 & 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"/>
	<input type="checkbox"/>

5
Are you a retiree from the state, a city or a town in Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No

All of the information provided above is correct and true.

Signature

Date