DOUGLAS COUNTY

Employee ID:_____

Rehire: ☐ Yes ☐ No

NEW HIRE / REHIRE

Last Name:_____ First:_____ MI:_____

Employment Start:_____ DOB:_____ SSN:_____
(15-FEB-2020)

Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single Veteran: ☐ Y ☐ N

Ethnicity: ☐ Hispanic or Latino any race ☐ American Indian or Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific ☐ White
☐ Two or More Races

Address:_____

Cell Phone:_____ Home Phone:_____

Oracle Org:_____ Org. #:_____
(*i.e. HLTDEP/ADBUS/ BUS/ Business Administration)*

Occupational Code #: _____ Req.# *(if applicable)*:_____

Job Title:_____ Bargaining Unit:_____

Assignment: ☐ Full-time ☐ Part-time (*21 hours or more)* ☐ Part-time (*20 hours or less)*
☐ Temporary ☐ Seasonal ☐ Retiree

Pay Rate: $_____ ☐ Hourly ☐ Monthly

Reporting Supervisor:_____

Time Entry Approver? ☐ Yes ☐ No Self-Service Time Entry? ☐ Yes ☐ No

Timekeeper Group:_____

_____ _____ _____ _____
Elected Office/Department Approver *Date* ***Human Resources*** *Date*

Email to: HRForms@douglascounty-ne.gov

HR use: ____ACA Period ____ACA Flag ____Pension Eligibility ____Pension Element ____eLearning