

## New Employment Questionnaire

Participant: \_\_\_\_\_

Case #: \_\_\_\_\_

DATE: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Payroll Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Shift / Hours: \_\_\_\_\_

Expected Hourly Wage / Salary: \_\_\_\_\_