



LEGACY HEALTH NEW HIRE FORM

We are an Equal Opportunity Employer and do not discriminate based on race, ancestry, color, religion, sex, orientation, national origin, medical condition, disability, veteran status or any other basis protected by law.

		Last Name	First Name	Middle (Initial)
Name (Please enter legal name)				
Preferred Name:		Social Security #:		Birthdate:

Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> Do not wish to indicate
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Address:				
City:		State:		Postal Code:
County:		Home Phone:		Other Phone:

You will receive information for providing your Emergency Contacts through the Benefits and HR Services web portal during New Employee Orientation.

Tax Information (W-4): Are you a non-resident alien? <input type="checkbox"/> No <input type="checkbox"/> Yes* *If yes, you may be subject to special rules in completing the Form W-4. Legacy Employment Services will be providing you with a copy of the guidelines. If you think that your country of residency provides a tax treaty exemption for federal withholding please inform Legacy Employment Services so that Form 8233 may be provided to you. (This does not apply to U.S. residents) *A Social Security Number is required for payroll purposes before employment may be initiated.				
Visa Type:		Expiration Date:		Country of Residence: