

# New Hire Input Form

## This section to be completed by Employee

Social Security # (for tax reporting)	<b>E-mail:</b>
Name (as printed on SS card)	
Address (Street)	
(City, State, zip)	
Phone # (with area code)	<b>Home:</b> _____ <b>Cell:</b> _____
Were you previously employed by TG Missouri Corpotation?	Yes No <b>If yes, when</b>
Gender	Male Female <b>Actual Marital Status:</b> Single Married
Birth Date	<b>Hire Date:</b>
Education	<input type="checkbox"/> GED <input type="checkbox"/> HS <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Master
	Field of Study: _____
	Name of Institution: _____
Race/Description (check one)	<input type="checkbox"/> 1. <u>White</u> (all persons having origins in any of the original peoples of Europe, 1. North Africa, or the Middle East (not of Hispanic Origin)
	<input type="checkbox"/> 2. <u>Black or African American</u> (all persons having origins in any of the black 2. B racial groups of Africa (not of Hispanic Origin)
	<input type="checkbox"/> 3. <u>Native Hawaiian or Other Pacific Islander</u>
	<input type="checkbox"/> 4. <u>Asian</u> (all persons having origins in anyof the original peoples of the Far 4. A East, Southeast Asia, the Indin Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, The Philippine Islands & Somoa)
	<input type="checkbox"/> 5. <u>Hispanic or Latino</u> (all persons of Mexican, Puerto Rican, Cuban, Central 5. or South American, or other Spanish culture or origin, regardless of race)
	<input type="checkbox"/> 6. <u>Two or more races</u>

## This Section to be completed by HR

File #		<b>Worksteps</b>	<b>Reimbursement</b>
Department	<b>Shift:</b>	Heavy	Cell Phone
Rate of Pay		Medium	Home
Title		Low	Car
Premium Pay (circle one)	Paint DieCast Inspector Forklift Mold Setter Leader Tech		
Supervisor/Manager			
Work Comp Code	Manufacturing	Office/Clerical	
Pay Status (if salaried)	Non-Exempt	Exempt	

### This Section to be completed by 401(k) Administration for REHIRES

Prior Service State Date      End Date      Re-hire Date      Adj. Service/Seniority Date

### This Section to be completed by Benefit Administrator for REHIRES

**Payforce Effective date** for employees health insurance benefits is their REHIRE date: \_\_\_\_\_

**Rehire benefit eligibility:** The waiting period will be waived if an employee is rehired into an eligible class within two years from their date of termination. That employee had to be in an eligible class (ex. Full time) before in order for them to be rehired with no waiting period. **They will have benefits effective their rehire date.** So as long as they were full time, benefit eligible before and their termination date is less than two years from their rehire date, then their benefits are effective day 1.

**An example that would not be eligible.** Employee quit in April 2008 and was rehired part time in mid 2009 and has been working here ever since. Employee is now going full time in 2011. This employee would NOT be eligible to have their waiting period because more than 2 years has lapsed since they are not in an eligible class of employees.