



**PLEASE GIVE FULL NAME:  
FIRST MIDDLE AND LAST.**

## Former Employee Rehire Request

Rev 02.08.24

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Year last work for us? \_\_\_\_\_

Address: \_\_\_\_\_

Event last worked? \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Department last worked? \_\_\_\_\_

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

Supervisor's Name? \_\_\_\_\_

Event Applying For: \_\_\_\_\_

Are you a minor (under 18)? Y N

Department Applying For: \_\_\_\_\_

Minor's require a work permit from their school. Receptionist can give you the application for the work permit.

Has your address/ phone number changed since the last time you worked here, if so what has changed?

- Address     
  Phone Number     
  Both     
  Not Sure

<b>For Office Use Only</b>	
<b>Department Supervisor:</b> _____	Notes: _____
<p><b><u>NEW EMPLOYEE</u></b></p> <p><input type="checkbox"/> BC</p> <p><input type="checkbox"/> CA</p> <p><input type="checkbox"/> Data Entered Supervisor's List</p> <p><input type="checkbox"/> Contacted to fill out paperwork Date: _____</p> <p><input type="checkbox"/> Packet Filled Out</p>	<p><b><u>RETURNING EMPLOYEE</u></b></p> <p><input type="checkbox"/> BC</p> <p><input type="checkbox"/> CA</p> <p><b><u>EMPLOYEE PROCLAIMED UPDATES</u></b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>File Updated    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b><u>DEFICIENCIES</u></b></p> <p><input type="checkbox"/> ID/DL</p> <p><input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Work Permit <b><u>NOT</u></b> filled out by this office.</p> <p><input type="checkbox"/> Work Permit filled out by this office Date: _____</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Paperwork Completed and Approved</p> <p><input type="checkbox"/> Date Entered into State System _____</p>	<p><b><u>LAST EMPLOYED BY AGENCY</u></b></p> <p>Event: _____</p> <p>Year: _____</p> <p><b><u>Approval</u></b></p> <p>Pay Code: _____</p> <p>Hourly Rate: _____</p> <p>Approved by: _____</p> <p>Date Entered: _____</p> <p>By: _____</p>

BC \_\_\_\_\_