

Referred by: _____

Former Employee Rehire Request

Date: _____

Event Applying For: _____

Department Applying For: _____

Name*: _____

Please include full middle name*

Address: _____

City, State & Zip _____

Phone Number: _____

Event Applying for: _____

Department Applying for: _____

☞ What event did you work for? _____

☞ What year did you last work for us? _____

☞ What department did you work for? _____

☞ Are you a minor (under 18 yrs. Old)? Y N
Minors 16 and over will need a work permit.

☞ Who was your supervisor? _____

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

Address Phone Number Both Not Sure

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

BC _____