Assisting Hands®
Home Care
Quality Home Care You Can Trust®

New Hire Information Form

Date_____

Name _____ Employee #_____

Address_____

City _____ State_____ Zip _____

Telephone _____ Cell Phone _____

E-Mail Address _____

Pay Rate _____ Start Date_____

Emergency Notification Contact

Name _____

Address _____

City _____ State_____ Zip _____

Relationship _____

Telephone _____

Cell Phone _____