Hourly Employee Application

EMPLOYEE:

Social Security #					·		
				U of A ID #:			
Street Address:							
City:							
Email Address:							
Are you currently a s		Yes	No	If so are you an			luate
If you have previous	ly worked at tl	ne U of A, v	where did	you work:			
Have you submitted	^{l:} W-4 Form	Yes	No				
	I-9 Form	Yes	No				
	Acknowledg	ment of Po	olicies Fori	n Yes No	0		
	Personal Dat	ta Form	Yes	No			
*These forms are av	vailable online	at <u>https://</u>	hr.uark.ed	lu/working/new-em	ployees/index.ph	<u>p</u> or <u>http://hr.uark</u>	.edu/Fo
Do you want Direct		ur payched	:ks? γ	es _{No} If so, pl	lease submit the	Direct Deposit Forn	n with
voided check attach	ed.						
Direct Supervisor:						udy Employee	
Direct Supervisor: ob Title:				Hourly Employee	Work/St	udy Employee	
Direct Supervisor: ob Title: Vork Location:				Hourly Employee Work Phone:	Work/St		
Direct Supervisor: ob Title: Vork Location: lourly Rate:				Hourly Employee Work Phone: Full Time	Work/St Part Time	Time Clock	
Direct Supervisor: ob Title: Vork Location: Hourly Rate: Stimated Hours per w	eek:			Hourly Employee Work Phone: Full Time New Employee	Work/St Part Time Rehire	Time Clock Wage Increase	
Direct Supervisor: ob Title: Vork Location: Hourly Rate: stimated Hours per w	eek:			Hourly Employee Work Phone: Full Time New Employee End date:	Work/Si Part Time Rehire	Time Clock Wage Increase	2
SUPERVISOR: Direct Supervisor: Dob Title: Nork Location: Hourly Rate: Estimated Hours per w Effective from: Start date Cost Center #: Supervisor Signature:	reek:			Hourly Employee Work Phone: Full Time New Employee End date:	Work/Si	Time Clock Wage Increase	2