

NEW EMPLOYEE ONBOARDING FORM

Employee Name: _____ Employee ID: _____

Position/Title: _____ Department: _____

Supervisor/Manager: _____

Personal Information

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Employment Details

Employment Status (Full-time/Part-time/Contract): _____

Start Date: _____ Work Location: _____

Payroll Information

Social Security Number: _____

Federal Tax Withholding (W-4) Completed: _____

State Tax Withholding Completed: _____

Employee Benefits Enrollment

Health Insurance Enrollment Form Submitted: _____

Retirement Plan Enrollment Form Submitted: _____

Acknowledgments and Agreements

I acknowledge that I have received, read, and understood the employee handbook and company policies. I agree to comply with all company rules, regulations, and procedures. I understand that my employment is at-will and may be terminated by either party at any time, with or without cause, and with or without notice. I certify that the information provided in this form is true and correct to the best of my knowledge and understand that any falsification may be grounds for termination.

At-Will Employment

The employment relationship is at-will. This means either Employee or Employer can terminate the employment relationship at any time, with or without cause or notice, except as otherwise provided by law. No representative of the Employer has the authority to enter into any agreement contrary to this at-will employment relationship unless such

agreement is in writing and signed by the Employer's authorized representative.

Confidentiality and Non-Disclosure

Employee agrees to maintain the confidentiality of all proprietary and confidential information of the Employer both during and after employment. Employee shall not disclose or use any such information for any purpose other than as necessary to perform job duties. This obligation shall survive the termination of employment.

Dispute Resolution

Any disputes arising out of or relating to employment or termination thereof shall be resolved through binding arbitration in accordance with the rules of the American Arbitration Association. This agreement to arbitrate does not waive the right to seek injunctive relief in a court of competent jurisdiction.

Acknowledgment of Receipt

I acknowledge that I have read and understood all the above information and agree to abide by the terms stated herein. I certify that the information I have provided is accurate and complete to the best of my knowledge.

EMPLOYEE SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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