

# Fairfield County Employment Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Marital Status:  Married  Single Gender:  Male  Female Phone: \_\_\_\_\_

## LOCAL TAX WITHHOLDING INFORMATION

Do you pay taxes to the city where you live?  Yes  No If yes, what city? \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRIOR PUBLIC EMPLOYMENT AND RETIREMENT INFORMATION

HAVE YOU EVER BEEN EMPLOYED BY A GOVERNMENT AGENCY, I.E. FEDERAL, STATE, COUNTY, CITY, SCHOOL, UNIVERSITY/COLLEGE?  Yes  No

If YES, a letter from each previous employer stating dates of hire and termination along with any sick leave hours you wish to transfer MUST BE RECEIVED by Central Payroll within 90 days of hire.

If you are RETIRED from OPERS or STRS, you MUST complete a required OPERS or STRS notification form of re-employment.

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION (DISCLOSURE IS OPTIONAL.)

- Race:
- White Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  - Black Persons having origins in any of the black racial groups.
  - Hispanic Persons of Mexican, Puerto Rican, Cuban, Central/South America, or other Spanish culture or origin
  - American Indian/Alaskan Native Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
  - Asian/Pacific Islander Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or the Pacific Islanders.

## FOR DEPARTMENT USE ONLY

Employment Status:  Full-time - BIWEEKLY hours \_\_\_\_\_  Part-time - BIWEEKLY hours \_\_\_\_\_  intermittent/Seasonal

Hire Date: \_\_\_\_\_ Job Class Code: \_\_\_\_\_ Position #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_ Period Pay (FCBDD): \$ \_\_\_\_\_

Number of Personal Hours to award employee: \_\_\_\_\_

\*\*Will this employee pay city work tax?  Yes  No If yes, what city? \_\_\_\_\_

Will this employee have OPERS or STRS Contributions?  OPERS  STRS

SHERIFF OFFICE ONLY: Will this employee have OPERS Law Enforcement contributions?  Yes  No

Location: \_\_\_\_\_ EEO Function: \_\_\_\_\_

Work/Check Location \_\_\_\_\_

If you need more space for allocation percentages, please attach a separate sheet.

Salary Org/Obj/Proj/%: \_\_\_\_\_ \*Benefits Follow Salary\*

Access to EnterpriseERP:  Yes  No

\*Submit a ticket to County Payroll for access to Enterprise ERP modules