



# HealthQuest

Human Resources

## Rehire Employee Registration & Checklist

### To Be Completed By Employee

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Ethnicity (circle one) White      Black/African American      Pacific Islander or Native Hawaiian      Asian  
Hispanic or Latino      American Indian/Alaskan Native      Two or more races (Specify) \_\_\_\_\_

### ***Emergency Contact Info***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Alt # \_\_\_\_\_

### To Be Completed By Department Manager

Department \_\_\_\_\_ Pay Rate \$ \_\_\_\_\_

Add'l Dept \_\_\_\_\_ Add'l Pay Rate \$ \_\_\_\_\_

Director \_\_\_\_\_ Status (circle one) Full Time Part Time

***Is this employee Eligible for Membership (circle one):      Yes      No***

***Membership eligibility – To be eligible for a free membership an employee must work a minimum of 10 hours per week or teach 3 group fitness classes. If the employee is eligible the Membership Agreement must be completed and signed off by their Department Director.***

### **Check List:**

- Rehire Employee Registration & Checklist – ALL parts completed
- W-4 Employee Withholding Allowance Certificate
- Membership Agreement if applicable

Director – Please verify that all information is completed and accurate. Once all paperwork is complete, folder can be submitted to HR to be processed for payroll and time clock set up.

### Office Use Only:

Withholding: \_\_\_\_\_ Payroll File: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date \_\_\_\_\_

Notes: