



### Store Associate New Hire Form

This form must be transmitted via fax to (323) 869-7858

(Completed by Human Resources)	File Number	FLOT	Step Hrs
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**Personal Information To Be Completed by Associate Only**  
Name must be entered exactly as it appears on the social security card

Social Security Number	First Name	Middle Name/Initial	Last Name
Home Address	City	State	Zip
Home Phone	Ethnicity (optional)	Gender	Marital Status
Date of Birth	Highest Level of Education	Drivers License # (optional)	State
Personal E-Mail Address:			

**Store Information To Be Completed by Manager/Area Trainer Only**

Hire Date	New Hire or Rehire	Store/Dept	Region	Job Code	Job Title
Full or Part Time	Pay Rate	Hourly/Exempt <input type="checkbox"/> Hourly <input type="checkbox"/> Exempt			

**Tax and Emergency Contact Information To Be Completed by Associate Only**

W-4 Form Federal Tax Marital Status	Federal Tax Number of Allowances	Additional \$ amount (if any)
State Tax Marital Status	State Tax Number of Allowances	Additional \$ amount (if any)
Emergency Contact Name	Address Same as Associate <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship
Address (If different than associate)	City	State    Zip
Home Phone	Work/Alternate Phone	

**Confirmations To Be Completed by Manager/Area Trainer**

Code of Ethics form signed by associate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passed Background Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passed Drug Screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temp Hire Form <input type="checkbox"/> Yes <input type="checkbox"/> No
Verify the W4 and I9 are complete/accurate, including photocopies of id's			<input type="checkbox"/> Complete and accurate

**Form Signatures**

Associate Signature	Date	Manager/Area Trainer Signature	Date
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