



New Employee Checklist Form

Please print neatly.

Employee Name: _____
Address: _____
City/State: _____
Social Security Number: _____ - _____ - _____
Birth Date: _____
Marital Status: S M D W LS
Home Phone: _____ **Cell:** _____
Email: _____
Dept: _____
Position: _____
Start Date: _____
Emergency Contact: _____
Emergency Phone: _____

*Please complete the checklist below and return all the required documents/information to the Treasurer's Office, along with this form. Any questions, please call the Treasurer's Office at 508-644-2204 ext. 1601.
Thank You!*

- _____ I-9 Form, along with original/certified copy of the following:
Drivers License (OR Passport), Social Security Card, and Certified Copy of Birth Certificate. Marriage Certificate if applicable
- _____ M-4 Form (State Tax Withholding Form)
- _____ W-4 Form (Federal Tax Withholding Form)
- _____ Direct Deposit Form (Attach "Void" Check)
- _____ Bristol County Retirement Enrollment Form
- _____ Statement concerning Your Employment in a Job Not Covered by Social Security
- _____ Boston Mutual Life Insurance Enrollment Card + Disclosure Form (Optional)
- _____ Laborers' Union Cards (If applicable)
- _____ Health/Dental Insurance Enrollment Form / Health Insurance Waiver Form -Proof of other insurance required
- _____ Voluntary OBRA (optional)

Aflac is also offered please call Tom Psilekaris at 508-588-7092.
Boston Mutual offers addition policies please call Christopher Boudreau at 508-999-4924.
Nationwide offers additional retirement plans please call at 877-677-3678.