



## 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.