



**CRISTO REY BROOKLYN NEW EMPLOYEE FORM**

**Basic Information**

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Personal Email: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Benefits Information**

Medical: Yes \_\_\_\_\_ No \_\_\_\_\_

Dental: Yes \_\_\_\_\_ No \_\_\_\_\_

401K Enrollment: Yes \_\_\_\_\_ No \_\_\_\_\_