

North Carolina Department of Commerce, Division of Human Resources
Employee Profile Data Sheet

Revised 3/26/08

Please collect the data below for payroll and benefit processing. Human Resources will not be able to process this hiring action without the fully completed forms and will need to receive this document five business days prior to the effective start date to process. Please note that this document contains confidential information and must be faxed to the secure fax number below. E-mailed information will not be accepted. For questions regarding health insurance please visit <http://statehealthplan.state.nc.us/>

Please include a photocopy of Social Security Card, a canceled check, a completed I-9 form (web link provided) completed W-4/NC-4 and proof of citizenship (a legible copy of driver's license or passport) with this document. Fax completed document to 919.715.3183. Call 919.733.2104 with any questions regarding the recruitment and selection process.

Selected Applicant Name _____ Circle One: Current DOC employee Current State employee Other

Job Classification _____ Division/Commission _____

Confirmed Start Date _____ Accepted Salary _____

Selected Applicant Home e-mail address _____

Social Security Number _____ US Citizenship (NCDL #, or Passport #) _____

Marital Status (circle one) Single, Married, Divorced, Widow(er), Other Completed I-9 <http://www.uscis.gov/files/form/i-9.pdf> check) _____

Completed W-4 Federal <http://www.irs.gov/pub/irs-pdf/fw4.pdf> (check) _____ Work Schedule of 8 hours per day, M-F? Yes or No _____

Workplace location (county) _____ Workplace Building _____

Completed NC-4 <http://www.dor.state.nc.us/downloads/nc-4.pdf> (check) _____ Health Insurance enrollment: (circle) Empl., Fam., or Empl./Child, Empl/Spouse

Required certification/license _____ HR OFFICE Duty Station phone number _____

Emergency Contact Information (Name, Address, Phone) _____ HR OFFICE Position. # _____

HR OFFICE Personnel and PCR. # _____

HR Approval and type of action _____

Supervisor Name (Print): _____ Employee Sign: _____ Date: _____