



<b>ES S ____ A P M</b> Work Permit Attached <input type="checkbox"/> (For office use only.)
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### Former Employee Rehire Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Please include full middle name

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

City, State & Zip \_\_\_\_\_

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

Event Applying for: \_\_\_\_\_

Department Applying for: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
 Last four digits

✍ What year did you last work for us? \_\_\_\_\_

✍ What event did you work? \_\_\_\_\_

✍ What department did you work? \_\_\_\_\_

✍ Who was your supervisor? \_\_\_\_\_

✍ Are you a minor (under 18 yrs. old)? Y N  
 Minors under 18 need a work permit.

✍ If over 18, Date of Birth: \_\_\_\_\_

Has your address / phone number changed since the last time you worked here, if so what has changed?

- No Changes    
  Both    
  Address    
  Phone Number    
  Not Sure

<u>For Office Use Only</u>		
<b>Department Supervisor:</b> _____	Notes _____	
Print Name _____	Signature _____	Date _____
<b><u>NEW EMPLOYEE</u></b>	<b><u>RETURNING EMPLOYEE</u></b>	
<input type="checkbox"/> BC	<input type="checkbox"/> BC	
<input type="checkbox"/> CA	<input type="checkbox"/> CA	
<input type="checkbox"/> Data Entered Supervisor's List	<b><u>EMPLOYEE UPDATES</u></b>	
<input type="checkbox"/> Contacted to fill out paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: _____	File Updated <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Packet Filled Out	<b><u>LAST EMPLOYED BY AGENCY</u></b>	
<b><u>DEFICIENCIES</u></b>	Event: _____	
<input type="checkbox"/> ID/DL	Year: _____	
<input type="checkbox"/> Social Security	<b><u>Approval</u></b>	
<input type="checkbox"/> Work Permit Required	Pay Code: _____	
<input type="checkbox"/> WP Expiration _____	Hourly Rate: _____	
<input type="checkbox"/> No	By: _____	
<input type="checkbox"/> Paperwork Completed and Approved		
<input type="checkbox"/> Date Entered into State System _____		

BC \_\_\_\_\_