



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