AUTHORIZATION TO WORK
CITY OF MISHAWAKA
HUMAN RESOURCES DEPARTMENT

Name _____

Male _____ Female _____

Marital Status _____

Race_____

Date of Birth _____

Social Security # _____

Address _____

Telephone # _____

Employee # _____

Driver's License # _____

Department _____

Job Title _____

Salary _____

Start Date _____

Full ____ Part-time ____ Seasonal ____

Will Report to _____

Taxes _____

CDL License _____

Drug Screen _____

PERF _____

Work Permit _____

Health Insurance _____

New Hire Report Form ____

Life Insurance _____

Life Guard Certifications ____

Human Resources Approval _____ Date _____

White copy – Department
Yellow copy – Controller's Office
Pink copy – Human Resources