

Information Needed of All Hires

HR LIAISON USE ONLY

Department/Division _____				
Position #: _____	Position Title: _____			
New Position status (Check one):	Preferred Service	Executive Service	Interim	
Action (Check One):	Promotion	Lateral Transfer	Demotion	New Hire
Proposed Salary/Monthly: _____	Effective Date of Hire: _____			
Currently employed with the State of Tennessee (Check One):	Y	N		
If yes, list Department : _____				
Current Position Status (Check One):	PreferredService	Executive Service	Other	

First Name: _____ LastName: _____ Middle Name: _____

Middle Initial: _____ Other Name Used (if any): _____

County of Residence: _____ Date of Birth: _____

Marital Status: Married Single Gender: Male Female

Veteran (Check Y or N): Y N Ethnic Group: _____

If this is a "New Hire or Rehire", proceed with completing all questions. **If currently employed by the State, proceed to Section Two**

Home Address: _____ Apt. Number: _____

Address (Street Number and Name): _____

City or Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____ Birth Country: _____

Birth State: _____ US Citizen?: _____

Social Security Number: _____

Prior State Service Y N What Department? _____

Approximate Dates? From _____ To _____



HCFA/TennCare Parking Hangtag Request/Update Form

Last Name: _____ First Name: _____

Phone: _____ (required)

Work Unit/Division: _____

If this is an update of vehicle information only, please check here

	License Plate #	Year	Make	Model	Color
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Disabled parking? Yes* ____ no ____

*If yes, hang tag # _____ (or) plate # _____ Expiration date _____

By signing this request form, I am verifying that I am authorized under the law to park in designated disabled parking spaces and understand that violating the Disabled Drivers Law of 1975 may result in a misdemeanor conviction, monetary fines, and community service work. I also understand that violations committed at work could result in employee disciplinary actions. I further agree that if the disabled parking placard/license plate is issued for the purpose of transporting a family member that does not work on HCFA premises, I will not park in a designated disabled parking space.

(Signature) (Date)

**NOTE:
STATE EMPLOYEES SHOULD PARK IN ANY SLOT, EXCEPT THOSE
MARKED RESERVED OR VISITOR.**

**CONTRACT EMPLOYEES SHOULD PARK ONLY IN SLOTS PAINTED IN
YELLOW.**

Administrative Services Office use: Hangtag #: _____ Date Issued: _____
