

ARCHDIOCESE OF GALVESTON-HOUSTON LAY EMPLOYMENT INFORMATION FORM

EMPLOYEE NAME: _____
Last First Middle

ADDRESS: _____
Apt #

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ SOCIAL SECURITY #: _____

FEMALE MALE BIRTHDATE: _____ MARITAL STATUS: _____

HIRE DATE: _____ WORK LOCATION & #: _____

POSITION: _____

EMAIL ADDRESS: _____

THIS SECTION TO BE COMPLETED BY BOOKKEEPER/PARISH ADMINSTRATOR

NON-EXEMPT: Hourly Wage: \$ _____ Scheduled Hours per Week: _____

EXEMPT: Annual Salary: \$ _____ Scheduled Hours per Week: _____

SECOND POSITION (if applicable)

HIRE DATE: _____ WORK LOCATION & #: _____

POSITION _____

NON-EXEMPT: Hourly Wage: \$ _____ Scheduled Hours per Week: _____

EXEMPT: Annual Salary: \$ _____ Scheduled Hours per Week: _____

Signature of Bookkeeper/Business Manager/Pastor

Date

Please fax form within 24 hours to 713-654-5763