



Diocese of Knoxville Employee Information Form

Fill in Form COMPLETELY

Please print clearly. New Hire Terminate Transfer* Change Effective Date: ____ / ____ / ____

Parish or Institution _____

Full Name _____ SSN: ____ / ____ / ____

Address _____ Sex: Male Female

City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date of Birth: ____ / ____ / ____

Work Information	Date of Hire(first date of hire with DOK): ____ / ____ / ____ Date of Termination: ____ / ____ / ____
	Job Title _____ <input type="checkbox"/> Full Time* <input type="checkbox"/> Part Time* <input type="checkbox"/> Short Hour * <input type="checkbox"/> Temp* <input type="checkbox"/> On-Call* *See explanations below

Classification: Exempt Non-Exempt Hours per week: _____ Salary: _____

Benefit Information	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> AD&D <input type="checkbox"/> LTD
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*Transfer Information

Transfer From: _____

Transfer To: _____

Prior Diocesan work experience, if applicable

List the locations and dates you were employed as a benefit-eligible employee at any other Diocese of Knoxville parish or institution and/or with the Diocese of Nashville.

Employer _____	From _____	To _____
Employer _____	From _____	To _____

** Full Time = 30+ hours per week and Benefit Eligible
 ** Part Time = 29-20 hours per week and Benefit Eligible
 ** Short Hour = 19 or less hours per week and NOT benefit eligible
 *Temp = "fill-in" basis or special project for short period of time

Submit form to mlentz@dioknox.org
 Human Resources, Diocese of Knoxville