

DIOCESE OF CROOKSTON

P. O. Box 610, Crookston, MN 56716

INFORMATION SHEET FOR NEW EMPLOYEES

Parish Name: _____ Parish City: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Gender: _____ Social Security Number: _____ Date of Birth: _____

Job Title: _____ Marital Status: _____

Spouse Name: _____ Spouse Date of Birth: _____

Estimated Annual Wages: _____ Hourly or Salary?: _____

Full-Time or Part-time: _____ Date Employment Starts: _____

(note: full-time=at least 20 hours/ week and 500 hours per year)

Signature of Employer _____

Date Signed: _____

Send completed form to: Diocese of Crookston
Office of Parish Administration
PO Box 610
Crookston MN 56716