63356

NOTE: THIS FORM WILL BE SCANNED.
Enter all information in CAPITAL LETTERS without touching the sides of the box.
Where a selection is required, completely shade in the circle like this: ● Not like this: ⊗

LIKE THIS: A B C D
NOT like this: A b c d

CLAIRE'S STORES, INC. and SUBSIDIARIES

NEW HIRE PERSONNEL ACTION NOTICE

○ New Hire
○ Rehire

Hire Date: __ / __ / ____
Store No.
State
Badge No.

Social Security Number: ___ - __ - ____
Hourly Rate: $ ___ . __
OR
Annual Rate: $ ___ , ___ . __

Last Name
First Name
MI

Street Address
Apt #, P.O. Box #, Unit #

City
State
Zip Code + 4 ____ + ____

County
Home Phone ___ - ___ - ____

Gender
○ Male
○ Female

Date of Birth __ - __ - ____

Driver's License Number

Marital Status
○ Single
○ Married

U.S. Citizen
○ Yes
○ No

If No, Expiration Date __ / __ / ____
Refer to I-9 List

Ethnic Background
○ White ○ Black ○ Hispanic
○ Asian / Pacific Islander
○ American Indian / Alaskan

Job Title * These positions must be a minimum 18 years of age.
○ Store Manager *
○ Assistant Manager *
○ Sales Associate
○ Other - Title _____
○ Manager In Training *
○ Third Key *
○ District Sales Manager *

Select One
○ Regular
○ Temporary - Hired for a specific period of time, not to exceed 3 months in this employment status

Referral Source
○ Walk-in
○ Ad
○ Employee Referral (attach form)
○ Other _____

Education Level
○ Not HS Grad
○ HS Grad
○ Some College
○ College Degree
○ Trade School

If you are a **Veteran**, shade in this circle. ○

If you are requesting accommodation for a **Disability**, shade in this circle. ○

Required Tax Info (Copy from Federal W-4 Form)
○ Single
○ Married
○ Married, but withheld at higher single rate

Number of Allowances __

Optional Tax Information (copy from Federal W-4 Form)

If you wrote EXEMPT on the W-4, shade in this circle. ○

__ % Additional Percentage Amount

$ ___ . __ Additional Dollar Amount

Emergency Contact Information

Last Name _____
First Name _____

Relationship _____
Phone Number _____

Associate Signature _____ Date
DSM Approval / Phone _____ Date

Hiring Manager Signature _____ Date
OOG Number _____ Date

Documents must be mailed in a WHITE, pre-addressed Payroll envelope
Original - Payroll Department, Illinois
Copy - Store personnel file