

EAST MISSOURI ACTION AGENCY, INC.

403 PARKWAY DRIVE. P.O. BOX 308

PARK HILLS, MO 63601

"An Equal Opportunity Employer"

Employee ID# _____

PERSONNEL ACTION FORM

SECTION 1: EMPLOYEE INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

GENDER: MALE FEMALE MARITAL STATUS: MARRIED SINGLE SEPARATED WIDOWED DIVORCED

VETERAN STATUS: VIETNAM ERA VETERAN SPECIAL DISABLED VETERAN OTHER VETERAN

RACE: AMERICAN INDIAN/ALASKA NATIVE ASIAN (not Hispanic or Latino) BLACK or AFRICAN AMERICAN HAWAIIAN or OTHER PACIFIC ISLANDER HISPANIC or LATINO TWO or MORE RACES WHITE

EDUCATION: HIGH SCHOOL GED OTHER COLLEGE DEGREE: _____

SECTION 2: AGENCY INFORMATION

TYPE OF ACTION	STATUS	TYPE OF CHANGE
<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> HOURS
<input type="checkbox"/> REHIRE/RECALL	<input type="checkbox"/> PART TIME	<input type="checkbox"/> LOCATION
<input type="checkbox"/> LATERAL	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> POSITION
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> SALARY/GRADE <input type="checkbox"/> MERIT INCREASE
<input type="checkbox"/> ADJUSTMENT	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> DEPARTMENT
<input type="checkbox"/> TRANSFER		<input type="checkbox"/> STATUS

HIRE DATE: _____ CURRENT TITLE: _____ CURRENT RATE: _____

EFFECTIVE DATE: _____ NEW TITLE: _____

PROGRAM: _____ SUPERVISOR: _____

NEW RATE: _____ GRADE: _____ STEP: _____ NON-EXEMPT EXEMPT

SCHEDULED HOURS: _____ LOCATION: _____

SECTION 3: SIGNATURES

APPROVAL:

EXECUTIVE DIRECTOR: _____ DATE: _____

PROGRAM DIRECTOR: _____ DATE: _____

EMPLOYEE'S ACCEPTANCE:

By signing below, I indicate that I understand my employment with EMAA is contingent upon my passing the criminal and child abuse background record check. In addition, I understand I may be terminated based upon negative reports from references yet to be checked by EMAA, or if any statements in my application are later found to have been false.

EMPLOYEE: _____ DATE: _____

SECTION 4: PROCESSING

HUMAN RESOURCES: _____ DATE: _____

PAYROLL: _____ DATE: _____