

EMPLOYER INFORMATION

FEDERAL ID NUMBER (SAME AS UI #)

3 5 0 8 7 6 3 7 3

EMPLOYER NAME

D I O C E S E F T W A Y N E S B E N D

EMPLOYER ADDRESS (INCOME WITHHOLDING ADDRESS)

1 1 0 3 S C A L H O U N

CITY

F O R T W A Y N E

STATE ZIP

I N 4 6 8 0 2 - 3 0 0 6

EMPLOYER CONTACT INFORMATION

FIRST

J O S E P H

LAST

R Y A N

PHONE NUMBER

2 6 0 - 4 2 2 - 4 6 1 1

FAX NUMBER

2 6 0 - 4 2 3 - 3 3 8 2

E-MAIL ADDRESS

J R Y A N @ F W . D I O C E S E F W S B . O R G

EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

- -

IS HEALTH INSURANCE AVAILABLE TO EMPLOYEE? (OPTIONAL)

Y N

FIRST NAME

- MI

LAST NAME

-

ADDRESS

-

CITY

-

STATE

-

ZIP

-

START DATE

/ /

mm dd yyyy

DATE OF BIRTH (OPTIONAL)

/ /

mm dd yyyy

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