OFFICE OF DISASTER ASSISTANCE
NEW EMPLOYEE IN-PROCESSING SHEET

Identifying Information

Last Name, First Name, Middle Name (*not initial*)	Gender	Social Security Number	Date of Birth *(mm/dd/yyyy)*
Street Address *(and apartment)*	City and County		State and ZIP Code

Phone *(Primary)*	Phone *(Alternate)*	E-Mail Address (*personal*)

Previous Government Experience

Have you worked before as an employee of the Federal government?	❒ Yes ❒ No
Have you worked before for the SBA Disaster Assistance program?	❒ Yes ❒ No
Adjusted Service Computation Date (*To be computed and entered by Personnel)*	

Driver's License Information

Do you possess a valid driver's license? ❒ Yes ❒ No

Emergency Contact Information

	Name	Relationship	Home Phone	Alternate Phone
Primary				
Secondary				

Other Relevant Information

Provided by Employee	Provided by Human Resources

SBA Disaster Assistance Employment Information *(HR Use Only)*

Position	Series	Grade/Step	Department

Enter on Duty Date	Not-to-Exceed Date	Length of Appointment

Duty Station	Duty Station Code	Residence City	Residence Code

Work Schedule	Type of Appointment	Center	Leave Category	COLA