

Mailing:
207 N. Wiechert St.,
Girard, KS 66743

HMS ENTERPRISES, INC.

Derailed Commodity - Carpet Plus

Shipping:
208 N. Wiechert St.,
Brazilton, KS 66743

(620) 395-2151 (620) 395-2181 (fx)
e-mail: carpetplus@carpetplus.net

New Employee Data

Name: _____ SS #: _____ Phone #: _____

Date of Birth: _____ Drivers License #: _____

WELCOME TO OUR COMPANY! Your co-operation in completing this form fully and accurately will supply us with the information required to process your application.

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Address: _____

Phone #: _____ Relationship: _____

Marital Status: Single Married Separated Divorced Widowed

Spouse Name: _____ Where Employed: _____

Spouse Date of Birth: _____ Total # of dependents (including yourself): _____

Dependent Children Names & Dates of Birth:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Federal law requires that you complete the attached Employment Eligibility Verification Form (I-9) and provide a copy of your drivers license and Social Security card as verification of your identity.

Important! Please Read! We hereby inform you that our company has available a group health insurance plan with **Coventry Healthcare of Kansas** and a group life insurance plan with **Advance**. HMS Enterprises, Inc. currently has the policy of assuming 50% of your premium in this group. **Please mark the appropriate statement:**

I am interested in this insurance

I am NOT interested in this insurance

--If you are not enrolled within 30 days from your first day of employment it is up to you to prove insurability on yourself and your dependents. Application before this limit means no health questions will be asked. If you do decide to enroll, attach a completed signed enrollment application to this form and return as soon as possible. If you do not want the insurance, complete and sign the attached insurance waiver form and return as soon as possible.

--Remember there is a 60 day waiting period from the date that the application is signed before it can go in effect.

--We would also like to inform you that we have available an automatic payroll deduction for savings, checking, loan payment, etc.. through the Kansas Teacher Credit Union in Pittsburg, Kansas. If you are interested in more information on this benefit, notify your store manager. There is no time limitation for enrollment in the Credit Union Benefit.

PLEASE READ, COMPLETE, AND SIGN THIS FORM AND RETURN TO THE HOME OFFICE IMMEDIATELY WHERE IT WILL BE INCORPORATED INTO YOUR PERSONNEL FILE.

Employees Signature: _____ Date: _____

YOUR SIGNATURE ON THIS FORM VERIFIES THAT YOU HAVE BEEN NOTIFIED OF OUR INSURANCE PROGRAM. IT IS NOT AN APPLICATION FOR INSURANCE.