

DIOCESE OF CROOKSTON

PO Box 610, Crookston MN 56716

INFORMATION SHEET FOR NEW EMPLOYEES

Parish Name: _____ Parish City: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Gender: _____ Social Security Number: _____ Date of Birth: _____

Job Title: _____

Marital Status: _____ Spouse Name: _____

Spouse Date of Birth: _____ Spouse Social Security Number : _____

Estimated Annual Wages: _____ Hourly or Salary: _____

Full-Time or Part-Time: _____ Date Employment Starts: _____

(Note: Full-time = at least 30 hours/week and 1,000 hours per year)

Signature of Employer _____

Date Signed: _____

Send completed form to:

Group Insurance Office
Diocese of Crookston
PO Box 610
Crookston MN 56716