

Identifying Information



GEAR UP UTAHNew Employee Form

UVU ID*or last four digits of SSN			
Position Hired For:			
Region/School:			
Expected Start Date:			
DOB (Month/Day):	Shirt Size: Unisex	Male	Female
Emergency Contact Informatio	n		
Employee's Home Address:			
City:		State:	Zip Code:
Employee's Phone # ()			
Employee's Email Address:			
Name of Emergency Contact:			
Relationship to Employee	Emergency Cor	ntact Phone # ()	
Past Employment Information			
Are you a past employee of UVU	? (include GEAR UP) YES	NO (check on	e)
If yes, list department:			·
When? Start Date:	End Date:		
What was your position on the la	st day of employment?		

*If you do not have a UVU ID, please provide last four digits of your social security number. You will be assigned a UV ID following the completion of your background check and submission of I9 documentation.



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