

Employee to Complete

Employer Name: _____ Date: _____

Last Name: _____ First: _____ MI: _____ SS#: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (_____) _____

Date of Birth: _____ Gender: Male Female E-mail Address: _____

Emergency Contact Name: _____ Contact Phone: (_____) _____

Contact Relationship: _____ I-9 Alien Expiration Date: _____

Federal Tax Status: Single Married Number of Exemptions _____ Add'l Withholding: _____

State Tax Status: Single Married Number of Exemptions _____ Add'l Withholding: _____

Employee Signature: _____

Employer to Complete

New Hire Re-Hire

Date of Hire: _____ Job Title: _____

Pay Rate: \$ _____ Hourly Salary Commission

Pay Frequency: Weekly Bi-Weekly (26 pay periods/yr.) Semi-Monthly (24 pay periods/yr.) Monthly

Worker's Comp Code: _____ Worker's Comp State: _____ Full Time Part Time

Department Number: _____ Percentage in Department: _____

Department Number: _____ Percentage in Department: _____

Deduction Name: _____ Amount Per Pay Period: \$ _____

Deduction Name: _____ Amount Per Pay Period: \$ _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

