

EMPLOYEE INFORMATION FORM

NEW HIRE REHIRE
For Rehire, previous name if any: _____

Please complete and return to supervisor/manager.

PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____

APARTMENT/P.O. BOX #: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

U.S. CITIZEN GREEN CARD OTHER: _____ PLACE OF BIRTH: _____

HOME TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____

MARITAL STATUS: MARRIED SINGLE GENDER: MALE FEMALE

NUMBER OF EXEMPTIONS FOR TAX FORM: FEDERAL: _____ STATE: _____

EMPLOYMENT DATA

JOB TITLE: _____ DATE OF HIRE: _____

RATE OF PAY: _____ HOURLY SALARIED

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

EMERGENCY/PHONE: _____ EMERGENCY/E-MAIL: _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR/MANAGER SIGNATURE

DATE