



Employee Information Form

(Print clearly in black ink, or fill-in and save all information that applies)

Company Name: _____

Employee Code/Number: _____

Social Security Number: _____ - _____ - _____

Date of Hire: _____ / _____ / _____ (mm/dd/yyyy)

Name: _____

First

Middle

Last

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Hourly Rate: \$ _____ or Salary: \$ _____ (per pay period)

Date of Birth: _____ / _____ / _____ (mm/dd/yyyy)

Telephone #: (_____) _____ - _____ Gender (check one): Male Female

EEO Class: _____ EEO Job Code: _____

Location: _____ Department: _____

Title: _____ Supervisor: _____

Filing Status (check one): Single Married Head of Household 1099

of Exemptions / Dependents: _____ Worker's Comp Type: _____