

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

Company Name:							
Employee Code/I	Number:						
Social Security Nu	ımber:						
Date of Hire:	/	/		_ (mm/dd/yy	yy)		
Name:			4 : 1 H				
	First	N	Middle		Last		
Street:						Apt:	
City:			State	:	Zip:		
Hourly Rate: \$			or	Salary: \$		(per	pay period)
Date of Birth:	/	/	(r	nm/dd/yyyy)			
Telephone #: ()			Gender (c	heck one):	☐ Male	☐ Female
EEO Class:			EEO Jo	ob Code: _			
Location:			Depar	tment:			
Title:			Super	/isor:			
Filing Status (check	cone):	ngle 🗖	<u>Marrie</u>	d 🗖 <u>Hea</u>	d of Hous	sehold 🔲	1099
# of Exemptions /	s:	Worker's Comp Type:					