Employee Information

Please complete the information below:		
Full Name: First	Middle	Last
Address:		
City/State/Zip:		Birthdate:
Phone Number:		E-mail:
SS#:		Marital Status:
Emergency Contact:		
Emergency Contact Name:		Phone:
Relationship to the Employee:		
	Job De	etails
Title:		Start Date:
Pay Type: Hourly Salary Othe	r	If Salary, Yearly Amount: \$
Status: □ Full Time □ Part Time		If Hourly, Hourly Rate: \$ / hour
Over 18 Years Old: Yes No		If Full Time: □ Exempt □ Not Exempt
Is New Hire Reporting complete?	Yes □ No	Is an I-9 and W-4 on file? □ Yes □ No