



EMPLOYEE DATA FORM

Employee Data		
<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>
<u>Social Security Number</u>	<u>Birthdate</u> (MM-DD-YY)	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire
<u>Address</u>	<u>Apt.</u>	
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Phone:</u>	<u>Personal Email:</u>	
Emergency Contact		
<u>Contact Name (First Last)</u>	<u>Phone Number</u>	<u>Relationship</u>

FOR OFFICE USE ONLY

Payroll			
<u>Job Title</u>	<u>Worker Category</u>	<u>Supervisor</u>	
<u>Location</u>	<u>Home Department</u>	<u>Company Address</u>	
Financials			
<u>Hire/Rehire Date</u> (MM-DD-YY)	<u>FT/PT/PRN</u>	<u>Exempt/Hourly</u>	<u>Rate of Pay</u>

APPROVAL

<u>Print Name</u>	<u>Signature</u>	<u>Date</u> (MM-DD-YY)
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