Employee Information Sheet

To Be Completed By Employer:

Position Code _____ Dept. _____ Supervisor _____

Employment Status _____ Start Date ___/___/___ Starting Pay _____ Orientation Date ___/___/___

Employee:
Please complete this Employee Information Sheet. It will supply us the information we need for our payroll and benefit programs. Please be advised that this information will be used and kept confidential in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision. **You are responsible for udpating this information if there are any changes during your employment.**

Personal Data

Please Print

Name _____ Today's Date ___/___/___
Last First Middle

E-mail _____ Social Security # _____ - _____ - _____
We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Present Address _____ City _____ State _____ ZIP _____

How long at present address? _____ Home Phone # (____) _____ Cellular/Other Phone # (____) _____

Previous Address _____ City _____ State _____ ZIP _____

List any friends or relatives working for us _____

In Case of Emergency, Notify:

1. Name _____ Phone # (Day) (____) _____

Address _____ Phone # (Night) (____) _____

City _____ State _____ ZIP _____ Relationship _____

2. Name _____ Phone # (Day) (____) _____

Address _____ Phone # (Night) (____) _____

City _____ State _____ ZIP _____ Relationship _____

3. Name _____ Phone # (Day) _____

Address _____ Phone # (Night) _____

City _____ State _____ ZIP _____ Relationship _____

Benefits Information (if applicable)

Date of Birth _____/_____/_____

Marital Status ☐ Single ☐ Married

Name of Spouse_____

Number of dependents, including yourself_____

Dependent Children:

	Name	Gender	Birth Date
1.			
2.			
3.			
4.			

Military Information

Do you have a military obligation, including National Guard, that would affect your work schedule? ☐ Yes ☐ No

If yes, please explain _____

_____

_____

_____

Reasonable Accommodation

If you believe there is a reasonable accommodation that will assist you in performing the essential functions of your job, please contact your manager or Human Resources.

Employee Signature _____ Date _____/_____/_____

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ATTORNEY APPROVED