



## New Employee Information Form

### Personal Data (as shown on drivers license)

First Name	Middle	Last
Social Security Number		Date of Birth
Address		
City / State / Zip		Home Phone
Emergency Contact Name		Relationship
Address		Phone
Driver's License Number / State Issued / Expiration Date		
Employee's Signature		Date

### To be completed by the work-site employer

Employee Job Title		
Division / Department		
Client Date of Hire		Pay-Tech Date of Hire
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary / On-Call / Seasonal
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	<input type="checkbox"/> Commission / Piecework
Starting Wage		