

EMPLOYEE INFORMATION FORM

DATE _____

CHECK ONLY ONE:

- NEW EMPLOYEE
 CHANGE OF INFORMATION ON CURRENT EMPLOYEE
 REHIRE OF OLD EMPLOYEE PREVIOUSLY ON PAYROLL UPDATE

EMPLOYEE NAME (LAST/FIRST/MI) _____

ADDRESS _____

CITY and STATE _____ ZIP _____

E-MAIL _____

SOCIAL SECURITY NUMBER ____ - ____ - ____

TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

MARITAL STATUS:

- SINGLE MARRIED

NAME OF SPOUSE _____

IN EMERGENCY NOTIFY _____ RELATIONSHIP _____

TELEPHONE NUMBER(S) _____

HIRE DATE: _____ BIRTH DATE: _____

PAYROLL DIRECT DEPOSIT INFORMATION:

Routing # _____ Account # _____ Amount _____

Routing # _____ Account# _____ Amount _____

Or attach a voided check or deposit slip

ADDITIONAL INFORMATION:

