

EMPLOYEE INFORMATION SHEET

EMPLOYEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

STARTING DATE: _____

RATE OF PAY: _____

POSITION: _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ CELL PHONE: (____) _____