

COMPANY NAME

EMPLOYEE INFORMATION SHEET

NAME _____

SOCIAL SECURITY NUMBER ____ - ____ - ____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

IS MAILING ADDRESS SAME AS ABOVE? ____ YES ____ NO

IF NOT, PLEASE LIST MAILING ADDRESS _____

TELEPHONE (____) ____ - _____

PLACE A CHECK MARK WHEN REQUIREMENTS HAVE BEEN MET:

COPY OF DRIVER'S LICENSE ____ W4 COMPLETED ____ FORM I-9 COMPLETED ____

NOTE: New employees may not drive company vehicles until copy of Driver's License has been reviewed.

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

NAME _____ TELEPHONE (____) ____ - _____

RELATIONSHIP _____

NAME OF FAMILY DOCTOR _____ TELEPHONE (____) ____ - _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

The above-named company has permission to release my payroll check to the person listed below until further notice by myself.

Signature _____ Date _____

Release check to: _____