



Employee ID #: _____

Employee Information Sheet

Please print and complete all information below.

First Name _____ Last Name _____

Social Security #: _____ Date of Birth _____

Marital Status Single Married Race _____

Gender Female Male

Home Address _____ Phone #: _____

City, State, Zip _____ Email Address: _____

Employee Signature: _____

Date: _____

HR Area Only: Don't complete form below this line

Pay Group Bi-Weekly Monthly

Pay Type _____ Frequency _____