

# Employee Information Form

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

ID# \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Department \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Hire \_\_\_\_\_

Last Raise Date \_\_\_\_\_

Marital Status – Married or Single (circle one)

Gender – Male or Female (circle one)

Race \_\_\_\_\_

Officer –

Health Insurance –  Deduction Amount Per Pay Period \_\_\_\_\_

Retirement Plan –  Deduction Amount or Percentage Per Pay Period \_\_\_\_\_

Family of Owner –

Rate of Pay \_\_\_\_\_ Commission – Yes or No (circle one)

Expense Reimbursement \_\_\_\_\_

Direct Deposit –  (attach direct deposit form with copy of voided check )

Federal Withholding \_\_\_\_\_ State Withholding \_\_\_\_\_

Other Deductions:

Type

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_