

# EMPLOYEE INFORMATION FORM

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

## Personal Information:

Full Legal Name: \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

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

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## Contact Information:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information:

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Employment Details:

Position/Job Title: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

## Compensation Information:

Salary / Hourly Rate: \_\_\_\_\_ USD

Pay Period: \_\_\_\_\_

## Tax Withholding Information:

Federal Filing Status: \_\_\_\_\_

Number of Allowances: \_\_\_\_\_

## Employment Eligibility Verification:

I-9 Form Completion Date: \_\_\_\_\_

## Acknowledgements and Authorizations:

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that falsification of information may result in disciplinary action, up to and including termination. I authorize the company

to verify all information provided herein and to obtain employment-related information from previous employers, educational institutions, and other sources as permitted by law. I agree to comply with all company policies and procedures as a condition of my employment.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employee Signature**

**Human Resources Representative**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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