

Employee Information Form

Company Name:

1. Personal Data (to be completed by the Employee)

First Name:

Middle Initials:

Last Name:

Address:

State:

ZIP:

City:

Mobile Number:

Personal Email:

Date of Birth:

Gender:

2. Emergency Contact Information (to be completed by the Employee)

Name:

Emergency Number:

Emergency Email:

Relationship:

Employee Signature:

Signature: _____

Date:

3. Employment Data (to be completed by the Company Representative)

New Hire/Rehire:

Date of Hire/Rehire:

Job Title:

Department:

Employment Type:

Employment Category:

Compensation Type:

Pay Rate:

Amount:

Pay Frequency:

Company Representative

Signature: _____

Date: