



YOUR COMPLETE EMPLOYEE SOLUTION.

# EMPLOYEE INFORMATION SHEET

### To Be Completed By Employee:

Mr.  Ms.  Mrs.  Other \_\_\_\_\_ Name \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Gender:  Male  Female Marital Status:  Single  Married  Divorced  Widowed

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Preferred Language: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_  Cell  Other

Do you have internet access?  Yes  No Email Type:  Business  Home  School  Other

Primary Email Address \_\_\_\_\_

Other Email Address \_\_\_\_\_

In the event of an emergency, please notify \_\_\_\_\_  
Name

Address Phone Relationship

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time with or without cause.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### To Be Completed By Client:

Client Name \_\_\_\_\_

Applicant Position \_\_\_\_\_

\*Effective Hire Date \_\_\_\_\_

Original Worksite Hire Date \_\_\_\_\_

Clock Number \_\_\_\_\_

Work Comp Class Code \_\_\_\_\_

Full-Time  Part-Time Pay Rate \$ \_\_\_\_\_  Hourly  Salary

Pay Frequency:  Weekly  Bi-Weekly  Monthly  Piecework  Commission

Classification:  Exempt  Non-Exempt

EEO Job Category \_\_\_\_\_

- |                            |                                 |
|----------------------------|---------------------------------|
| 1. Executive/Sr Level Mgrs | 6. Craft Workers (skilled)      |
| 2. Professionals           | 7. Operatives (semi-skilled)    |
| 3. Technicians             | 8. Laborers/Helpers (unskilled) |
| 4. Sales                   | 9. Services Workers             |
| 5. Administrative Support  | 10. First/Mid-Level Mgrs        |



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\* Effective Hire Date is contingent upon receipt and verification of completed paperwork

### OPTIONAL INFORMATION

**\*\*Information provided below is at the discretion of the applicant to complete\*\***

Race or Ethnic Identity:

- White (not Hispanic or Latino)
- Black (not Hispanic or Latino)
- Hispanic or Latino
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- I do not wish to disclose.

Check all that apply:

- Special Disabled Veteran
- Vietnam-Era Veteran
- Newly Separated Veteran
- Other Protected Veteran
- I do not wish to disclose.