EMPLOYEE INFORMATION FORM

Employee ID: _____ Position/Title: _____

Personal Information:

Full Name: _____

Date of Birth: _____ Social Security Number (SSN): _____

Gender: _____ Marital Status: _____

Contact Number: _____

Email Address: _____

Address:

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Emergency Contact:

Full Name: _____

Relationship: _____

Phone Number: _____

Employment Information:

Department: _____

Manager/Supervisor: _____

Employment Status (Full-Time, Part-Time, Contract): _____

Work Location: _____

Payroll and Tax Information:

Federal Tax Filing Status: _____

State Tax Filing Status: _____

Exemptions/Allowances: _____

Direct Deposit Account Information: _____

Benefit Enrollment:

Health Insurance Plan Selected: _____

Retirement Plan Participation: _____

Other Benefits (Specify): _____

Acknowledgments and Agreements:

By signing below, Employee certifies that all information provided in this form is true and complete to the best of their knowledge. Employee understands that providing false or misleading information may result in disciplinary action, up to and including termination of employment. Employee agrees to comply with all company policies and applicable laws governing employment. Employee authorizes the company to use the information herein for payroll, benefits

administration, and other employment-related purposes in accordance with U.S. law.

EMPLOYEE SIGNATURE	HR REPRESENTATIVE SIGNATURE
Signature: _____	Signature: _____