

NEW EMPLOYEE PROFILE

The information collected in this form is treated as highly confidential.

ALL APPLICABLE ITEMS IN THIS SECTION TO BE FILLED OUT BY THE EMPLOYEE

NAME: _____
(FIRST) (MIDDLE) (LAST) (SUFFIX)

ADDRESS: _____
(STREET) (APT NO.) (CITY) (STATE) (ZIP CODE)

PHONE: (____) _____ EMAIL: _____

SSN: _____ - _____ - _____ **DATE OF BIRTH:** ____/____/____

MARITAL STATUS: () Married () Single **NUMBER OF EXEMPTIONS FROM W-4:** _____

GENDER: () MALE () FEMALE

THIS SECTION TO BE FILLED OUT BY THE EMPLOYER

COMPANY NAME: _____

EMPLOYEE IDENTIFICATION # _____

DEPARTMENT: _____ **HIRE DATE:** ____/____/____

POSITION: _____ **TITLE:** _____

ANNUAL SALARY OR HOURLY RATE: \$ _____ () PER YEAR () PER HOUR

WORKER'S COMPENSATION CLASSIFICATION: _____

UNION: _____ **UNION DATE:** ____/____/____

IS EMPLOYEE PARTICIPATING IN THE COMPANY 401k PLAN? () YES () NO

IF YES, INDICATE THE DATE OF ELIGIBILITY: ____/____/____

IS EMPLOYEE ELIGIBLE FOR HEALTH INSURANCE? () YES () NO

IF YES, INDICATE THE DATE OF ELIGIBILITY: ____/____/____

LIST ANY DEDUCTIONS THAT APPLY TO THIS EMPLOYEE BELOW:

DEDUCTION: _____ AMOUNT: \$ _____ FREQUENCY: _____ BEGIN DATE: ____/____/____

DEDUCTION: _____ AMOUNT: \$ _____ FREQUENCY: _____ BEGIN DATE: ____/____/____

DEDUCTION: _____ AMOUNT: \$ _____ FREQUENCY: _____ BEGIN DATE: ____/____/____

TIME CARD NUMBER: _____

PLEASE ATTACH A W-4 FORM AND A DIRECT DEPOSIT FORM (OPTIONAL).

EMAIL OR FAX TO (949) 770-1579