

Employee Information Sheet

IDENTIFICATION

Employee Name _____ Last _____ M.I _____ First

_____ **Home Telephone:** _____

Address _____ **Other Telephone:** _____

_____ **Email:** _____

DOB: _____ **Driver's License #:** _____

I.D. SSN: _____ **State Issued:** _____

Other Identification or Endorsements: _____

IN CASE OF EMERGENCY

Emergency Contacts:

1) Name _____ Contact # _____
Relationship _____ Secondary Contact _____

2) Name _____ Contact # _____
Relationship _____ Secondary Contact _____

Physician: _____ **Location and/or Phone #:** _____

Insurance Carrier: _____ **Policy Number:** _____

Driver's License or Photo ID Copy

Hire Date: _____

Starting Pay: _____

W4 Allowances: _____

Insurance Types: _____

Notes: _____