

EMPLOYEE INFORMATION FORM

COMPANY NAME _____

Date: _____

EMPLOYEE INFORMATION:

First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Email: _____

Date of Birth: _____

Home Phone: _____

Date of Hire: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Phone: _____

DIRECT DEPOSIT INFORMATION (if applicable):

Checking

Savings

Checking

Savings

\$ or %*	Routing Number (9 digits)	Account Number	Bank Name

**With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

ATTACH VOIDED CHECK HERE: