



*Employee Information Form*

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Married/Single: \_\_\_\_\_

Exemptions: Federal \_\_\_\_\_ State \_\_\_\_\_

Deductions: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department: \_\_\_\_\_

Employee #: \_\_\_\_\_

Other information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_