

Employee Information Record

Date: _____

Employee's Name: _____
Last First Middle

Address: _____

Permanent Mailing Address: _____

Home Phone: _____ Social Security Number: _____

Name of person to notify in event of emergency

Name: _____ Relationship: _____

Address: _____

Home Telephone: _____ Work Telephone _____

Name of physician to contact in the event of emergency

Name: _____ Telephone: _____

Employee's Signature

Date

For Office Use Only

Date of Employment: _____ Job Title: _____

Hourly Rate: _____

Number of Hours per _____

Number of Hours per week _____