

**NEW HIRE  
EMPLOYEE INFORMATION FORM**

Employee Name \_\_\_\_\_ Hire Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Direct Deposit**

Yes, please complete the authorization of Direct Deposit Form

No

**Employer Use Only**

**Employee Pay Rate:**

Hourly Rate 1                  Hourly Rate 2                  or                  Salary per year

**Other Pay Types: (please check all that apply)**

Overtime     Holiday     Vacation     Sick     Other \_\_\_\_\_

**Deductions: (please check all that apply)**

Garnishment     Employee Advances     Other \_\_\_\_\_

Comments: