

# NEW EMPLOYEE INFORMATION

## EMPLOYEE INFORMATION

Start Date Enter start date

Last Name	First Name	Middle Name
Street Address		Birth Date
City	State	Zip Code
Home Phone	Cell Phone	Email Address
Driver's License #	Expiration Date	SS #
INS #	Expiration Date	Email Address
Medical Conditions	Optional: Please indicate any medical conditions that you believe may be in your best interest for us to know about:	
Allergies	Optional: Please indicate any allergies that you believe may be in your best interest for us to know about:	
Doctor's Name	Optional: Please indicate if there is a Doctor you would prefer us to contact in the event of a medical emergency: Phone Number	
Starting Position	Starting Base Pay	
Bonus Structure		
Payroll Notes		

## EMERGENCY CONTACT - 1

Last Name	First Name	Relationship
Street Address		
City	State	Zip Code
Home Phone	Cell Phone	Work Phone

## EMERGENCY CONTACT - 2

Last Name	First Name	Relationship
Street Address		
City	State	Zip Code
Home Phone	Cell Phone	Work Phone

..... (Employee) ..... (for HR) .....  
Sign Date Sign Date