EMPLOYEE INFORMATION FORM

ALL EMPLOYEE FORMS MUST BE ACCOMPANIED BY A COMPLETED W4

Company Name: _____

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City, State, & Zip: _____

Personal Phone Number: _____

Personal Email Address: _____

Social Security #: _____

Date of Birth: _____

Gender: ____ MALE ____ FEMALE

Hourly Rate: _____

Annual Salary: _____

Start Date: _____

Status: ____ FULL TIME ____ PART TIME

IS THIS A REMOTE WORK POSITION: ____YES ____NO

STATE WHERE REMOTE WORK IS COMPLETED:_____

DIRECT DEPOSIT INFORMATION

****Must Include a voided check or bank letter/direct deposit verification****

Bank Name: _____

Routing #: _____

Account #: _____

Account Type: ____ CHECKING ____ SAVINGS