

EMPLOYEE INFORMATION FORM

COMPANY NAME _____

EMPLOYEE INFORMATION:

First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Email: _____

Date of Birth: _____ Home Phone: _____

Date of Hire: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone: _____

DIRECT DEPOSIT INFORMATION (if applicable):

	\$ or %*	Routing Number (9 digits)	Account Number	Bank Name
Checking <input type="checkbox"/>				
Savings <input type="checkbox"/>				
Checking <input type="checkbox"/>				
Savings <input type="checkbox"/>				

**With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

ATTACH VOIDED CHECK HERE: