

# Employment Form for Employee

## EMPLOYEE INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## POSITION DETAILS

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Employment Type:  Full-Time  Part-Time  Temporary  Contract

Work Schedule:  Morning Shift  Evening Shift  Night Shift  Weekends

## TAX & PAYMENT DETAILS

Social Security Number: \_\_\_\_\_

Bank Name (for Direct Deposit): \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## BENEFITS ENROLLMENT

Would you like to enroll in the company's benefits program?  Yes  No

- Health Insurance
  - Dental Insurance
  - Vision Insurance
  - 401(k) Plan
  - Life Insurance
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### **SIGNATURE & AGREEMENT**

I acknowledge that the above information is accurate, and I agree to abide by all company policies and procedures.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_