



**NEW EMPLOYEE INFORMATION FORM**

COMPANY NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SALARY OR HOURLY: \_\_\_\_\_

RATE PER YEAR/HOUR: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

# OF EXMPETIONS:      FEDERAL: \_\_\_\_\_

STATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

DEDUCTION INFORMATION:

DEDUCTION 1:	DEDUCTION 2:	DEDUCTION 3:
DEDUCTION 4:	DEDUCTION 5:	DEDUCTION 6:

**COMMENTS:**

**\*\*\*\*NOTE\*\*\*\*** MAIL OR FAX **ONLY THIS PAGE.** I-9 AND W-4 FORMS ARE FOR YOUR FILES