

New Employee Information

(Please Print Clearly)

Last Name:		First Name:		MI
Street Address:				
Apt/PO Box #				
City:		State:	ZIP	
Home Phone:		SS #		
D.O.B. (mm/dd/yr) / /		Marital status:		
Spouse's Name:		Spouse's D.O.B. / /		
Driver's License #		Expiry date / /		ST
Make, model, year of vehicle		license #		State:
Auto insurance company name and address:				
Policy #		Valid through / /		
Emergency Contact # 1		Emergency Contact # 2		
Name:		Name:		
Relationship		Relationship		
Phone		Phone		
Rate of pay:		Date of Hire: / /		

Employee's Signature: _____

Date: _____

Management Signature: _____

Date: _____

Form HR 06-95