



# EMPLOYEE INFORMATION FORM

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status:  Married  Single

# of Dependents / Allowances: \_\_\_\_\_

Unemployment Tax State: \_\_\_\_\_ Income Tax State: \_\_\_\_\_  
(State you work in if different than company location) (Indicate if different than state you live in)

Hire Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ or Salary Rate: \_\_\_\_\_

## **"Direct Deposit Enrollment"**

**"Companies with Direct Deposit"**

(Please include a voided check from your bank account)

Bank Name & Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_