Employee Name				Employment Status [_] Full Time [_] Part Time [_] Temporary [_] Contract		Security Clearance [_] Front Door [_] Main Office [_] Other _____
Social Security No.	Date of Birth	Marital Status	Sex	Employment Date	Prior Employment [_] Yes [_] No	I-9 and W-4 Forms Completed [_] Yes [_] No [_] Yes [_] No

Address		City	State	Zip	Telephone
Change Date	Address Change	City	State	Zip	
Change Date	Address Change	City	State	Zip	
Change Date	Address Change	City	State	Zip	

Years of Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

IN CASE OF EMERGENCY --- CONTACT

Name	Relationship	Telephone	Address
Name	Relationship	Telephone	Address
Doctor	Telephone		Address
Allergies, Medications, etc.			

TAX INFORMATION

Federal (W-4) Exemptions							
NO.							
Date							

CONFIDENTIAL WAGE / SARARY HISTORY

Dates		Position and Classification	Rate of Pay		Reason For Change
From	To		Amount	Per	