



# Employee Profile

New Hire		or	Termination		Company Name:		
Effective Date:							
Notes:							
Employee Name: Last, First, Middle Initial						Hire Date:	
Social Security Number:				Date of Birth:		Start Date:	
Circle One		Position:			Department:		
Full Time / Part Time							
Address:							
City, State, Zip:							
Pay Frequency:		Pay Type: Hourly      Salary		Pay Rate:		Offered Health Insurance: Yes      No	
Email Address:					Phone:		
Federal Withholding Status:							
Single      Married		Number of Exemptions:			Add'l \$:		
State Withholding Status:							
Single      Married		Number of Exemptions:			Add'l \$:		
Direct Deposit:      Yes      No				Workers Compensation Classification:			
Form Completed By:							