

# EMPLOYEE INFORMATION FORM

Below is information required for your file. Please complete this form, date and sign it, and bring it with you to your employment orientation.

**Name:** \_\_\_\_\_  
*Last First Middle*

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Maiden name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone #'s** **Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_  
*Last First Middle*

**Number of children:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**U.S. Citizen:** YES NO **Date of Birth** \_\_\_\_\_  
*Select one*

**Blood type:** \_\_\_\_\_ **Military status:** \_\_\_\_\_

**Language(s) spoken:** \_\_\_\_\_

**Language(s) written:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_  
*Name Relationship*  
\_\_\_\_\_  
*Address City, State Zip*

\_\_\_\_\_  
*Home phone Cell phone Business phone*

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

