



~ Employee Information ~

Date: New: Revised:

Employee Personal Information

Employee Name: Clock Number:
 Address Ln 1: Address Ln 2:
 City: State: Zip Code:
 S/S Number: Date of Birth: Gender:
 Marital Status: Home Phone: Cell Phone:

Employee Employment Status Information

Type of Employment: Full Time Part Time Date of Hire:
 Department: Job Title: Starting Wage:

Employee Driver's License Status & Information

Do you have a valid Driver's License: Yes No *What Type?:* Standard CDL
 License Number: State of Issue:
 Date of Issue: Date of Expiration:

Employee EMERGENCY CONTACT Information

Contact Name: Contact Relationship:
 Address Ln 1: Address Ln 2:
 City: State: Zip Code:
 Home Phone: Cell Phone: Work Phone:

For A.R.&E. Office Use ONLY below this line!

Salary History

Effective Date	Wage Rate	Reason For Change	Authorized By

Date of Termination: Reason for Termination: