



Employer/Company Name			Date of Hire	
First Name		M.I.	Last Name	
Position	Department		<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Seasonal / Temporary	
Social Security #	Mobile #	Email		
Street Address		City	State	Zip
Date of Birth	<input type="radio"/> Salary <input type="radio"/> Hourly	Rate		<input type="radio"/> Annually <input type="radio"/> Hourly

Please check each box below indicating your understanding of each direction:

- Please continue to complete the Federal Withholding Form (W-4).
- If your employer offers direct deposit, then the direct deposit form must be completed. Employees must verify the information provided on the form is correct.
- You must submit a copy of a voided check OR a bank provided letter detailing your account information to your employer directly.
- Please submit your corresponding state withholding form for the state in which the work will be performed.
- You must submit and I-9 form as well as copies of the required identification to your employer directly.

Sign _____

Date _____