# Employee Information Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number (last four digits): | | | | | | | | | | | | | XXX-XX-Last Four SSN | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | First: | | | | First Name | | | | | | | | | Initial: | | | | | Middle | | Last: | | | | Last Name | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Suffix: | | | | Suffix | | | | | Name Prefix: | | | | | | Prefix | | | | | | | | | | | | |  | |
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| **Current Address: (Cannot be an office address)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Street/Apartment: | | | | | | | Street Address | | | | | | | | | | | | | | | | | | | | | | |
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| Street 2: | | | Street Address 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City: | City | | | | | | | | | State: | | | | State | | | | | Zip Code: | | | | | Zip | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | Home Phone | | | | | | | | | | | | Cell Phone: | | | | | | | Cell Phone | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Permanent Address (Domicile): (Cannot be an office address)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street/Apartment: | | | | | | | Street Address | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street 2: | | | Street Address 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | City | | | | | | | | | State: | | | | State | | | | | Zip Code: | | | | | Zip | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | Country | | | | | | | | | **(Leave blank if USA)** | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | Full Name | | | | | | | | | | | | | | | | Relationship: | | | | | | | Relationship | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone where this person can be reached while you are at work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone Number | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex: | Choose an item | | | | | | | Date of Birth: | | | MM/DD/YYYY | | | | | | | | | | Marital Status: | | | | | | Choose an item | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational Level: | | | | | | | | Choose an item | | | | | | | | Year received: | | | | | | | YYYY | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Non-Resident Aliens:** | | | | | | | Visa Type: | Visa Type | Country: | Country | Visa Expiration Date: | MM/DD/YYYY | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |