

EMPLOYMENT FORM

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

Company Name: _____

Employee Name: _____

Start Date: _____ Employee # (if any) _____

Pay (select one and enter info)

Hourly: \$_____ per hour Salary : _____ per year / month / week / pay period (circle one)

If salary, please select one: Exempt _____ Non Exempt _____ (please contact for questions regarding the difference)

Other pay (such as commission, bonus, etc) _____

Job Title & Duties: _____

Status: (select one) Full Time Part Time Casual Temporary

I understand that I have the authorization to review, verify and certify the employee's identification documents required to complete the U.S. Department of Homeland Security Form I-9 (Employment Eligibility Verification). I have reviewed the completed forms, and have read and understand the above information.

Print _____ Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

Last Name _____ Middle Initial _____ First Name _____

Other/Nicknames _____

Social Security Number _____ Date of Birth _____

Address (physical address only)

Street # and Name, Room/Apt# City State Zip Code

Mailing Address

Street # and Name, Room/Apt# or PO Box City State Zip Code

Gender Male Female Email Address _____

EMPLOYMENT FORM

Employee Section Continue

Emergency Contact Name

Relationship

Contact Number(s)

Employee Signature _____

Date _____