

# Basic Employment Information Sheet

## Employee Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

( )

Cell Phone: \_\_\_\_\_

( )

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Work Phone: \_\_\_\_\_

( )

## Job Information

Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Location: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

( )

Cell Phone: \_\_\_\_\_

( )

Start Date: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

( )

Cell Phone: \_\_\_\_\_

( )

Relationship: \_\_\_\_\_

## Dependent Information (For insurance purposes only)

Name(s) of Dependent(s)

Relationship to Employee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_