Teamworks

New Hire Employee Information Form

Company/Client Name

SECTION 1- TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME AND CONTACT INFORMATION (* Must Match Social Security Card)

Last Name*: **First Name*:** **Middle Init:**

***Soc Sec #:** ___ - ___ - ____ **Birth Date:** __ / __ / ____

The address listed here will be used to determine withholding tax jurisdiction- please use residence address while working

Street Address (Current Residence):

City: **State:** **Zip Code:** ____ - ____

Phone: (___) ___ - ____ Email:

REQUIRED EEOC REPORTING INFORMATION

Gender: ☐ Male ☐ Female **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnic Origin: ☐ Black ☐ Caucasian (White) ☐ Oriental/Asian ☐ Hispanic ☐ American Indian

Check All That Apply: ☐ Handicapped ☐ Blind ☐ Vietnam Veteran ☐ Disabled Veteran

Nation of Citizenship:

OPTIONAL ALTERNATE MAILING ADDRESS

Street Address :

City: State: Zip Code: ____ - ____

☐ Mail W2 to this address

EMERGENY CONTACT

Name: Relationship:

Phone: (___) ___ - ____

The following forms must also be completed and submitted with this document before it can be processed:
- Form W-4 (Federal) - Form W-4 (State-if required) - Form I-9: Eligibility to Work

SECTION 2- TO BE COMPLETED BY CLIENT/EMPLOYER

Hire Date: __ / __ / ____ **Job Title: (Required)**

Pay Rate: $ ___ , ___ . __ PER ☐ Hour ☐ Pay Period (Salary) ☐ Year (Salary)

Pay Type: ☐ Hourly ☐ Salary ☐ Commission **Frequency:** ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

Status: ☐ Full-Time (40 hrs/wk) ☐ Full-Time Flex (30-40) ☐ Part-Time ☐ Seasonal/Temporary

☐ **Employee is an owner/officer of this company**

Work Assignments (complete all that apply to your business)

Division: **Location:** **Dept:** **Benefit Group:**

Completed By: