
New Hire Employee Information Form

New Hire Employee Information Form

Personal Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Email Address: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Address: _____

Employment Information

Position: _____

Department: _____

Start Date (MM/DD/YYYY): _____

Type of Employment: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Contract

Work Email (if applicable): _____

Work Phone Number (if applicable): _____

Banking Information for Direct Deposit

Bank Name: _____

Account Name: _____

Account Number: _____

Routing Number: _____

☐ Checking ☐ Savings

Tax Information

Federal Tax Withholding Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

Exemptions/Allowances: _____

State Tax Withholding Status: _____

Exemptions/Allowances: _____

Document Acknowledgment

☐ I hereby acknowledge that the information provided is accurate and true to the best of my knowledge.

☐ I authorize the use of my banking information for direct deposit purposes as stated above.

☐ I understand that providing false or misleading information may result in disciplinary action up to and including termination of employment.

Signature: _____ Date: _____