



New Employee Profile

Company Name: _____

This section to be completed by the EMPLOYEE.

_____	_____	
Name (Last, First, Middle)	Social Security Number	
_____	_____	
Street Address	Date of Birth	
_____	_____	
City, State, Zip Code	Gender	
_____	_____	
Phone No. with Area Code	Emergency Contact	Emergency Contact Phone No.

This section to be completed by AUTHORIZED CLIENT PERSONNEL.

_____	_____	_____
Hire Date	Key Employee or Officer?	Status (full time or part time)

Occupation Description		
Pay: ___ Hourly ___ Salary ___ Commission Only		
___ Hourly + Commission ___ Salary + Commission		
_____	_____	_____
Rate of Pay	Department/Shift	Workers' Comp. Classification

Notes:

_____	_____
Completed By (print)	Title
_____	_____
Signature	Date