



Fax number: 704-919-5202

New Employee Form

Client # _____ Client Name _____

Social Security Number _____ - _____ - _____

Last Name _____

First Name _____

Middle Initial _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Phone # (optional) _____

Ethnicity (optional) _____

Date of Birth ____/____/____

Gender ____ Male ____ Female

Division/Branch/Dept/Team _____/_____/_____/_____

Hire Date ____/____/____

Salary _____

Hourly Rate _____

Federal Marital Status ____ Single ____ Married

Federal Dependents _____

State Marital Status ____ Single ____ Married/Widower ____ Head of Household

State Dependents _____

Email address for pay stub _____