



## Payroll Employee Information Form

Please complete all sections below. All information will be kept confidential.

### Personal Information

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

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Gender:  Male  Female  Other

### Employment Information

Rate of Pay: \$\_\_\_\_\_ per  Hour  Week  Month  Year

Employment Status:  Full-Time  Part-Time

### Employee Signature

I certify that the above information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

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