

COMPANY NAME  
COMPANY LOGO

Date Hired:

Employee Name:	<input type="text"/>	Home Phone:	<input type="text"/>		
Home Address:	<input type="text"/>	Cellular Phone:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
SS Number:	<input type="text"/>	Birthdate:	<input type="text"/>	Spouse:	<input type="text"/>
Emergency Contact:	<input type="text"/>	Relationship:	<input type="text"/>		
Phone Number:	<input type="text"/>	Number Exemptions:	<input type="text"/>	AZ State Tax %:	<input type="text"/>

**For Official Use Only**

Position:	<input type="text"/>	Wage:	<input type="text"/>	Vacation Eligibility:	<input type="text"/>	
Date Eligible for Insurance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Medical & Dental	<i>Date</i>	<i>Self</i>	<i>Spouse</i>	<i>Dependents</i>	<i>Rate</i>	
AZ State Tax %:	<input type="text"/>	Child Support	<input type="text"/>			
Forms Completed:	W-4	<input type="text"/>	AZ New Hire	<input type="text"/>	AZ State Tax Form	<input type="text"/>
	I-9	<input type="text"/>	WA State DSHS	<input type="text"/>		
Supervisor:	<input type="text"/>	Department:	<input type="text"/>			

Comments:

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