



EMPLOYEE INFORMATION FORM

Employee Information

 Last Name First Name Middle Name Suffix

 Address City State Zip

 Primary Phone Number Cellular Telephone Number Cellular Carrier

Male Female

 Social Security Number Sex Date of Birth Driver's License No. State

 Email Address

Emergency Contacts

 Name Address Relationship Phone

 Name Address Relationship Phone

FOR OFFICE USE

 Job Title Department Employee No.

_____/_____/_____
 Hire Date Status: Full-time Part-time PRN Rate of Pay \$_____ per Hour Annual

_____-_____-_____-_____-_____
 Gross Line Item

_____-_____-_____-_____-_____
 FICA Line Item

_____-_____-_____-_____-_____
 IPERS Line Item

_____-_____-_____-_____-_____
 Insurance Line Item

_____-_____-_____-_____-_____
 Other Shared Deduction Line Item

- Criminal Background Check Driving Record Check
- Pre-Employment Physical MMPI ILEA