

# New Employee Profile

CO #: \_\_\_\_\_ CO Name: \_\_\_\_\_

**Employee Demographics**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  W2  1099

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Optional

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male  Female Ethnicity: \_\_\_\_\_

**Hire Status/Pay/Labor Defaults**

Current Hire Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Hourly Rate 1: \$ \_\_\_\_\_

Full Time  Part Time  Temp  Seasonal Hourly Rate 2 (If Applicable): \$ \_\_\_\_\_

If Applicable

Division	Branch	Department	Team

Default Workers Comp Code: \_\_\_\_\_

**Taxation Details**

Marital Status:  Single  Married Dependents: \_\_\_\_\_

Additional Withholding Amount (If Applicable): \_\_\_\_\_