



EMPLOYEE PERSONAL INFORMATION

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

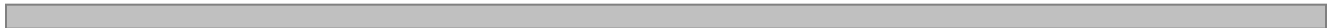
| | |
|----------------|------------------|
| Street Address | Apartment/PO Box |
|----------------|------------------|

| | | | |
|------|-------|----------|-------|
| City | State | Zip Code | Phone |
|------|-------|----------|-------|

| | | |
|--|---|--|
| Sex (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female | Race (optional) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Spanish-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Eskimo | Alternate Phone Number: *Email Address: |
|--|---|--|

| | |
|-------------------------|-------------------------|
| Birth Date: ___/___/___ | Social Security Number. |
|-------------------------|-------------------------|

| | | |
|-------------------|--------------|--------------|
| Emergency Contact | Relationship | Phone Number |
|-------------------|--------------|--------------|



For Office Use Only

| | |
|---|---|
| Client Company: _____ | Department Name/Site Code# _____ |
| Client Location: _____ | Client Supervisor Name: _____ |
| <input type="checkbox"/> Full/Time <input type="checkbox"/> Part Time | Client Supervisor Phone: _____ |
| Hire Date: ___/___/___ | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Job Title: _____ | Comp Coding: <input type="checkbox"/> 8810 Clerical/Admin. <input type="checkbox"/> 3629 Precision Machine <input type="checkbox"/> _____ Other |
| Pay Rate \$ _____ | Bill Rate: \$ _____ |
| Start Date: _____ | Length of Assignment: _____ |
| Recruiter: _____ | Sales Rep: _____ |