

Employee New Hire Form

Legal Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Emergency Contact Name/Phone number: _____

Start Date: _____

Position/Title: _____

Rate of Pay: _____

Direct Deposit? ____ Y ____ N

Forms Completed:

I9: _____

W4: _____

HW4: _____

HC5: _____

Copies of IDs: _____

Direct Deposit Form: _____