NEW EMPLOYEE INFORMATION

Employee Name	
Employee Address	
Employee E-mail	
Employee Phone	
Hire Date	Start Date
Position	
Main Duties/Responsibilites	-
Full-Time or Part-Time	
Supervisor	
Rate of pay \$	
Pay period is	
Payday is	
Benefits offered	
Signature of employee	 Date
I have received the following: (Please place your in	nitial next to the items you have received.)
W-4	
NC-4	
I-9	
Direct Deposit Form	
Employee Contact Form	
Employee Manual	