



EMPLOYEE PROFILE

Company Name: _____

New Hire
 Active Employee Change
 Rehire

EMPLOYEE INFORMATION:

Name as on SS card: _____

Hire Date: _____ Date of Birth: _____

Social Security #: _____ Employee Time Card #: _____

Position: _____ Department: _____

Status: Full-Time Part-Time Seasonal Gender: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PAY INFORMATION:

Pay Rate: _____

Pay Type: Hourly Salaried Exempt Non-Exempt Commission Piecework Contractor

TAX INFORMATION:

Tax Withholdings	Filing Status (Choose one)	Number of Other Exemptions	Number of Qualifying Children under 17 years old	Extra \$\$ Amount to Withhold
FEDERAL	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household			
STATE	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Head of Household			

SPECIAL INSTRUCTIONS:

02.12.2025