



EMPLOYMENT INFORMATION

All of the information below is required from your employer.
They may complete this form or provide all the information in a separate statement.

Employee name _____ Social Security number _____

Began working for _____ on _____
Employer Date

in the position of _____
Job title

The anticipated hours per week will be _____ .

The hourly wage will be _____ , plus _____ in tips.

The first paycheck will be received on _____ .
Date

- Paychecks are issued:
- weekly
 - biweekly (every other week)
 - semi-monthly (twice a month)
 - Other: _____

On this day of the week: _____

Supervisor's signature

Phone number

Date

Supervisor's printed name

Supervisor's title

Employer's address