

Employee Information Form

Please fill out all required fields below. You must also complete these additional forms: I-9, Federal W-4 and State W-4.

*** Required fields in RUN Powered by ADP®**

BASIC INFORMATION

First Name *	MI	Last Name *
Address 1 *	City *	
Address 2	State *	Zip *
Phone Number	Mobile Number	

Email Address (Required for Employee Access)

Date of Hire *	Date of Birth *
/ /	/ /
Social Security Number *	Gender *
- -	Male Female

DEDUCTIONS

Deduction Name	Amount Per Pay Period
	\$.
	\$.

Pay Rate (check one) *	Amount *
Hourly Salary	\$.
Pay Frequency (check one) *	
Weekly Bi-weekly Semi-Monthly Monthly Quarterly	

DIRECT DEPOSIT INFORMATION

Bank Routing Number *	
Bank Account Number *	
Account Type (check one) *	
Checking Savings	
Direct Deposit Distribution (check one) *	
Full Amount Partial \$.	
Partial % .	

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Bank Account Number	
Account Type (check one)	
Checking Savings	
Direct Deposit Distribution (check one)	
Full Amount Partial \$.	
Partial % .	

