



New Hire Employee Information

Client Name \_\_\_\_\_

Client ID # \_\_\_\_\_

Please Fax To: 859 255-7360

Demographics

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

Division \_\_\_\_\_ Branch \_\_\_\_\_ Department \_\_\_\_\_

Earnings

Hourly Rate #1 \_\_\_\_\_

Hourly Rate #2 \_\_\_\_\_

Salary \_\_\_\_\_

Marital Status:  Married  Single

# of Federal Exemptions \_\_\_\_\_

# of State Exemptions \_\_\_\_\_

Adjustments/Deductions (Per Pay Period)

Table with 2 columns: Description, Amount. Multiple empty rows for data entry.