

10001

# PERSONNEL DATA FORM

Acme Company  
 100 Main Street, Suite 1A  
 Aurora, IL 60507  
 Phone: 800-264-2330  
 Fax: 800-264-2331

5. For Office Use Only	Prepared by:	
	Date:	
	<input type="checkbox"/> I-9 with ID copies*	
	<input type="checkbox"/> W-4 (Employees)*	
	<input type="checkbox"/> W-9 (Independent Contractors)*	
	<input type="checkbox"/> Reference check	
*Forms must be attached for new hires		

1. Personnel Information	Hire Date		Start Date		Social Security #		Date of Birth		
	Last Name				First Name			Middle Initial	
	Address								
	City				State		ZIP		
	Home Phone				Cell Phone		E-mail		
	Emergency Contact				Relationship		Phone		

2. Job Info	Department			Title		
	Location			Supervisor Name		

3. Compensation Info	<input type="checkbox"/> Employee (W2) <input type="checkbox"/> Independent Contractor (1099)		<input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Salaried (Fixed Rate)		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
	Type	Annual Amount	Pay Frequency*	Rate Per Period	Payment Type (Payroll or A/P)	Payee (if not to employee)		
	Base Compensation	\$		\$				
	Housing Allowance	\$		\$				
	Car Allowance	\$		\$				
	Medical Insurance	\$		\$				
	Tuition	\$		\$				
	401k	\$		\$				
	Other	\$		\$				
Total Compensation	\$	* Weekly (52), biweekly (26), semi-monthly (24) or monthly (12)						

4. Approvals	<b>Executive Officer</b>	<b>Finance Officer/Treasurer</b>	<b>HR Manager</b>
	Signature:	Signature:	Signature:
	Print Name:	Print Name:	Print Name:
	Date:	Date:	Date:

Please send the signed original to your Human Resources Office