

**RPM & ASSOCIATES, INC.
EMPLOYEE INFORMATION SHEET**

New Hire Re-Hire

To Be Completed By: Job Superintendent

Name: _____
First Middle Last

Address: _____
Street and/or Post Office Box

City State Zip Code

Telephone Number (Include Area Code): _____

Email Address: _____

Social Security Number: _____

Date Of Birth: _____ (Please Check One)-----Male Female

Hire Date: _____ Rate Of Pay: _____

Marital Status: (Please Check One) ----- Single Married

Number Of Dependents For Withholding: _____
(SAME AS LINE 5 ON FORM W-4)

Spouse: _____ RPM Job Number: _____
Name

Job Location Employee Was Hired For: (City & State) _____

Member of Union: (Please Check One) Yes No Carpenters Local Laborers Local

Currently On Medication or Under Doctor's Care: Yes No

If So, Please List Medication, Doctor's Name & Telephone Number.

Medication Doctor's Name Telephone No.

Who Should We Contact In Case Of An Emergency?

Name Relationship Phone Number

Job Superintendent: (Please Print) _____

Superintendent Signature

Employee Signature

TO BE COMPLETED BY HOME OFFICE

Employee Number _____

Department _____ Class _____

Unemp State _____ Comp State _____

Local Code **NA** _____