



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 (*employer*) _____ on (*date*) _____

in the position of (*job title*): _____.

The anticipated hours per week will be _____.

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

Hours over _____ are paid at the overtime rate of _____.

The first paycheck will be received on _____.

Paychecks are issued: Weekly
 Biweekly (*every other week*)
 Semi-monthly (*twice a month*)
 Other: _____

On this day of the week: _____

Supervisor's Signature: _____ Date: _____

Printed Name: _____ Title: _____ Phone Number: _____

Employer's address: _____