

Employee Information FormFor US New Hire Processing

PLEASE RETURN WITH OFFER LETTER

NAME: Rhone	Alexander			S	S Alex		
LAST	FIRST			MIDDLE		PREFERRED NAME	
HOME ADDRESS:	5 Blue Spruce Drive		Hanover	PA	17331	York	
HOME ADDRESS.	STREET ADDRESS		CITY	STATE	ZIP	COUNTY	
*MAILING ADDRESS:	5 Blue Spruce D		Hanover	PA	17331	York	
STREET ADDRESS			CITY	STATE	ZIP	COUNTY	
*Please Note: All Textr	on communication a	ınd first pay	check mailed to t	his address.			
HOME PHONE # 717-479-1871			CELL PHONE # _717-479-1871				
GENDER (Check one)	Female Male	;	MARTIAL STA	TUS (Check o	one) Marrie	ed Single	
MILITARY STATUS (Check One) Not a Veteran			Vet				
Armed Forces Service Medal Vet		_	ilitary – No Vet Recently Separated-36 mon				
SELF IDENTIFIED DISA	ABLED (Check One)	Yes	⊠ No □ I c	hoose not to se	elf identify		
ETHNIC GROUP (Check one) White		☐ Black or African American			Hispanic or Latino		
Asian		☐ Nat Hawaiian/Pac Islander			☐ Two or More Races		
American Indian/Alaskan Native		☐ I choose not to self identify					
SOCIAL SECURITY # 201-	74-4858	DATE OF BIRTH:	03-22-1994 MM-DD-YYY		COUNTRY BIRT		
			WINT DD 111	. 1			
FOR TAX PURPOSES*:							
What state do you live in? Pennsylvania			_ What state of	do you work in	? Marylan	ıd	
*Please Note: You will re	ceive tax forms in yo	our Welcome	Packet				
CURRENT TEXTRON E	MPLOYEES ONLY	7:					
What Textron Operating U	nit are you transferrin	g from?					
What is your 10 Digit Peop	•						