

EMPLOYEE INFORMATION FORM

First Name: John

Date of Birth: 03/15/1985

Last Name: Doe

Social Security Number: 123-45-6789

Address: 456 Maple St.
Springfield, IL 62704

Phone Number: (217) 555-7890

Email Address: j.doe@email.com

Position: Sales Associate

Emergency Contact:

Name: Sarah Doe

Relationship: Wife

Contact Phone: 217-555-1234

Start Date: 02/01/2022

Signature: John Doe