

## NEW EMPLOYEE INFORMATION FORM

### PERSONAL INFORMATION

Given Name: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Surname First Middle Preferred First Name

SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(MM/DD/YYYY)

Address: \_\_\_\_\_ Home phone #: \_\_\_\_\_

City: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Country: \_\_\_\_\_

### EMPLOYMENT INFORMATION *(For Employer Completion)*

Job Title: \_\_\_\_\_ Brand: \_\_\_\_\_

Department: \_\_\_\_\_ Reports To: \_\_\_\_\_

Work phone #: \_\_\_\_\_ Work Email: \_\_\_\_\_

Base Wage: \_\_\_\_\_ Business Unit: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Currency: \_\_\_\_\_

I certify that the above information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)