

Employment Information Sheet

Name: _____ Case # or SS#: _____

Name of Employer: _____

Employer's Address: _____

Employer's Phone#: _____ Employer's Contact: _____

Employer's Fax#: _____

Work location (if different from above): _____

Start date: _____ Full-time Part-time Seasonal

Pay cycle: Monthly Semi-Monthly Bi-Weekly Weekly Commission

Name of previous Employer: _____

Date of termination/separation: _____

Note: If you are paid through a temporary staffing service, provide the name of the agency, not the name of the company the agency sent you to work at.

Submit by e-mail

Instructions: Complete the information, save document as 'save as' and submit saved copy via the e-mail button.