



Internal Employee Data Sheet

Employee Name: _____

Date of Hire: _____ Stating Date: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Home Phone Number: _____ Alternate Number: _____

Social Security Number: _____ Sex _____ Date of Birth: _____

U.S Citizen: ____ No ____ Ethnicity: _____

Filing Status: Single ____ Married ____ Married, but withhold at higher Single rate

Total number of allowance you are claiming: _____ Extra Withholding: _____

Emergency Contacts

Primary Emergency Contact Person:

Name: _____

Relationship: _____ Daytime Phone Number: _____

Secondary Emergency Contact Person

Name: _____

Relationship: _____ Daytime Phone Number: _____

Can you perform the essential functions of the job applied for, with or without reasonable accommodations? Yes _____ No _____
