BRANDON ADAM'S SECURITY SERVICES, INC
MASTER FILE

NAME:_____ **I.D**.:_____

ADDRESS:_____ **APT#**:_____

CITY:_____ **STATE**:_____ **ZIPCODE**:_____

TELEPHONE#:(_____) _____ - _____ **PAGER/CELL#** (___) _____ -_____

SOCIAL SECURITY# _____ - _____ -_____ **DOB**: _____/_____/_____

GENDER: MALE / FEMALE **NUMBER OF PEOPLE CLAIMING**:_____
[CIRCLE ONE] [THIS SHOULD BE THE SAME NUMBER AS LINE 5 ON W-2 FORM]

MARITAL STATUS: SINGLE, MARRIED **Guard Card #**_____ **EXP.** _____
[CIRCLE ONE]

EMAIL ADDRESS: _____ **ZELLE**:_____ **CASHAPP**:_____

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EMERGENCY CONTACT INFORMATION:

NAME: _____ **TEL**: (_____) _____ -_____

ADDRESS: _____

RELATIONSHIP TO EMPLOYEE:_____

NAME: _____ **TEL**: (_____) _____ -_____

ADDRESS: _____

RELATIONSHIP TO EMPLOYEE:_____

**********TO BE FILLED OUT BY PERSONNEL DEPT. ONLY**********

SALARY PER WEEK: $_____ **APPROVED BY**: _____
PAY RATE PER HOUR: $_____ **APPROVED BY**: _____
DATE OF HIRE: _____

**********DEDUCTIONS**********

REGISTRATION/PROCESSING FEES:_____-_____=_____
[DEPOSIT] [BALANCE]

UNIFORM: $_____ **OTHER**: $_____
EXPLAIN:
_____
_____