

WRA ENTERPRISES, LLC

Employee Information Form

Client Company Name: _____

Employees, please fill out all information requested below. Employers are responsible for all information on second page. Incomplete forms will not be accepted.

Employee Details			
Social Security Number	First Name (As appears on Social Security Card or Valid ID)	Last Name (As appears on Social Security Card or Valid ID)	
Middle Name	Nickname (If applicable)	Date of Birth	
Gender	Racial or Ethnic Group		
	White / Caucasian	Black / African American	American Indian / Alaskan
	Asian / Pacific Islander	Hispanic / Latino	Other
Marital Status			
Single		Married	Divorced
Widowed		Civil Union	Other
Employee Contact			
Resident Address Line 1		Resident Address Line 2	
City	State	County	Zip Code
Mailing Address Line 1 (If different from Resident)		Mailing Address Line 2	
City	State	County	Zip Code
Phone Number		Email Address	

-Second Page To Be Completed By Employers Only-

Employers, please ensure all information below is accurate before submitting.

Employee Name: _____

Employment Information					
Employee Original Hire Date	Primary Workers' Comp Code (Refer to Schedule A – Code Required)			Exempt Status Exempt Non-Exempt	
EEOC Class Code 1. Officials & Manager 2. Professional 3. Technician 4. Sales Worker 5. Administrative Support Worker 6. Craft Worker 7. Operative 8. Laborer / Helper 9. Service Workers 11. First/Mid Level Officials & Managers					
Employee Type Full-Time Part-Time On-Call Seasonal Temporary				Work State	
Division		Department		Job Title	
Payroll Information					
Pay Rate (Annual if Salary)	Pay Method Salary Hourly Commission Other		Pay Schedule Weekly Bi-Weekly Monthly Semi-Monthly Yearly		
Payroll Deductions by pay period [Example: Uniforms, Equipment, Tools, Background Check] :					
Deduction Name Amount		Deduction Name Amount			
Deduction Name Amount		Deduction Name Amount			
Benefit Deductions by pay period [Example: Medical, Dental, Vision, Supplemental Insurance] :					
Deduction Name Amount		Deduction Name Amount			
Deduction Name Amount		Deduction Name Amount			
Notes (list any other information required for this employee)					