



10284 Vans Drive Frankfort, IL 60423 815-469-2333 FAX 815-469-2449 e-mail: kjohnson@spiessco.com

Employee Information

| | | |
|-----------------------------------|----------------|----------------------------|
| NAME | | SOCIAL SECURITY NUMBER |
| ADDRESS | CITY/STATE | ZIP CODE |
| TELEPHONE | CELL PHONE | BIRTH DATE (MM/DD/YYYY) |
| DRIVERS LICENSE NUMBER (State) | UNION, LOCAL # | HIRE DATE (MM/DD/YYYY) |
| E-MAIL ADDRESS | | |

| | |
|---|--|
| ETHNIC GROUP (For Certified Payroll Reporting Purposes) | |
| <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black | <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____ |

In case of an emergency, please contact the following:

| | |
|-----------|--------------|
| NAME | RELATIONSHIP |
| TELEPHONE | CELL PHONE |

| | |
|--------|------|
| SIGNED | DATE |
|--------|------|

THIS FORM IS TO BE RETAINED BY THE EMPLOYER AND PLACED IN THE EMPLOYEE'S PERSONNEL FILE AS A MATTER OF RECORD

For Office Use Only

Date Received: _____ Date Entered: _____ Entered By: **KJ** Employee No. _____

| | | | | | |
|----------|----------------|---|---|-----------|-------|
| Taxes: | | | | | |
| Federal: | Marital Status | M | S | Deduction | _____ |
| State: | Marital Status | M | S | Deduction | _____ |