

NEW EMPLOYEE FORM

SOCIAL SECURITY #: _____

FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GENDER: MALE ___ FEMALE ___

BIRTHDATE: _____

HIRE DATE: _____

EMPLOYMENT TYPE: FULL-TIME _____ PART-TIME _____

PAY TYPE: SALARIED _____ HOURLY _____

PAY SCHEDULE & RATE: HOURLY: _____ \$ _____

WEEKLY: _____ \$ _____

BI-WEEKLY: _____ \$ _____

SEMI-MONTHLY: _____ \$ _____

MONTHLY: _____ \$ _____

ANNUALLY: _____ \$ _____

PLEASE ATTACHED THE FOLLOWING COMPLETED FORMS:

- * I-9 (INCLUDE BOTH SOCIAL SECURITY CARD & NC DRIVER'S LICENCE)
- * W-4 (FEDERAL WITHHOLDING ALLOWANCES - DO NOT ENTER EXEMPT IN BOX 7)
- * NC-4 EZ (STATE WITHHOLDING ALLOWANCES - ZERO ONLY DUE TO FLAT RATE)
- * DIRECT DEPOSIT AUTHORIZATION
- * NORTH CAROLINA NEW HIRE FORM