



PERSONNEL RECORD

SOCIAL SECURITY NO. _____ DEPT. NO. _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

W-4 STATUS: MARRIED SINGLE MARRIED AT SINGLE RATE

NO. OF EXEMPTIONS SHOWN ON W-4 _____

ADDITIONAL TAXES TO BE WITHHELD _____

PHONE NUMBER _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

GENDER MALE FEMALE FIRST DAY WORKED _____

JOB TITLE _____ FULL-TIME PART-TIME

CURRENT PAY RATE _____