



Please fill out and sign these forms (all attached copies). On your withholding forms, please make sure spelling is correct, **and make doubly sure that your social security number is correct.**

*Return to Main Office.*

Forms to Fill Out:

- Employee Information Sheet
- Federal W-4
- State W-4
- Eligibility Verification I-9
- Direct Deposit
- Ethics Acknowledgement

**FOR OFFICE USE ONLY**

Initial Job: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

US Veteran: \_\_\_\_\_

Trade/Occupation: \_\_\_\_\_ Union Local # \_\_\_\_\_ Check one: ☐ Journeyman  
☐ Apprentice - Year: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

----- **FOR OFFICE USE ONLY** -----

Employee # \_\_\_\_\_ Dept # \_\_\_\_\_ Craft: \_\_\_\_\_

Insurance Code: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Hire Date: \_\_\_\_\_