

NEW EMPLOYEE INFORMATION SHEET

Store Name Employee Clock In # REHIRE (Y/N)?

Empl Name

Must Appear EXACTLY as printed on Social Security Number Card

Address

City State Zip Code

Telephone Job Code

From List Below

Emergency contact and phone #

10 FS/BT Trainee	15 Hostess	25 Key Hourly	30 Baker	35 Fry	99 Admin
11 Server	17 FOH Coordinator	26 BOH Coordinator	31 Broil	36 Salad	
12 FS/BT Trainer	20 Food Runner	27 Manager	32 BOH Trainee	37 Expo	
13 Server Assistant	22 Bartender	28 BOH Trainer	33 Dishwasher	38 Hot Prep	
14 HHI/SA Training	24 HeadWait	29 Meat	34 Point	39 Cold Prep	

Race Hispanic Black/African American
 White Pacific Islander
 Asian Two or More Races
 American Indian

Sex M F

Hire Date

Starting Wage

Date of Birth

Age

I authorize employment of this individual:

Management Signature

INFORMATION TO BE SENT TO PAYROLL

<input type="checkbox"/> Employee Information Sheet	<input type="checkbox"/> I-9
<input type="checkbox"/> W-4	<input type="checkbox"/> Copy of Application
<input type="checkbox"/> State W-4	<input type="checkbox"/> Copy of Signed Policies/Sexual harrasment