(Practice Name)

CONFIDENTIAL EMPLOYEE DATA FORM

Employee Name: _____ Date: _____

Employment Status: ⎦ Full Time ⎦ Part Time ⎦ Exempt
⎦ Temporary ⎦ On Call ⎦ Non-Exempt

Social Security Number: _____ Date of Birth: _____

Marital Status: _____ Sex: □ Male □ Female Employment Date: _____

Prior Employment: □ Yes □ No I-9 Documentation Completed: □ Yes □ No

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Address Change: _____ City: _____

State: _____ Zip: _____ Telephone: _____ Date: _____

Yrs of Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

In case of emergency contact

Name: _____ Relationship: _____

Telephone: *Day* _____ Telephone: *Night* _____

Address: _____

Name: _____ Relationship: _____

Telephone: *Day* _____ Telephone: *Night* _____

Address: _____

Doctor: _____ Telephone: _____ Address: _____

Tax Information

Federal (@-4) Exemptions					State/City Exemptions			
Number								
Date								

HMO Information: Plan Name: _____ Doctor: _____ Co-pay: _____

Prescriptions: _____ Co-pay _____

Benefits Information

Insurance	Date Eligible	Date Enrolled	Date Withdrawn	Retirement	Date Eligible	Date Enrolled	Date Withdrawn
Medical – Self				Co. Pension Plan			
Medical – Family				401 (k)			
Dental				Other			
Eyecare							
Life							
Disability							

Education and Training

High School: 1 2 3 4 College: 1 2 3 4 5 6 7 8 Major: _____

Skilled Training: □ Yes □ No Specialization: _____

Other Special Skills and Training: _____

Dependents

Name: _____ Relationship: _____

Sex: _____ Date of Birth: _____ SS #: _____

Name: _____ Relationship: _____

Sex: _____ Date of Birth: _____ SS #: _____

Name: _____ Relationship: _____

Sex: _____ Date of Birth: _____ SS #: _____

Relatives and Friends Employed at this Company:

Name: _____ Relationship: _____

Termination Record *(File Exit Interview Page in Personnel File)*

⌋ Resignation □ Dismissal Date: _____ Last Day Worked: _____

Exit Interview Completed: □ Yes □ No Interview Date: _____

COBRA Information: Date Notification Given: _____ Employee Response: □ Yes □ No

Last Day Worked: _____ Effective Date: _____

Confidential Wage/Salary History

Date		Position and Classification	Work Location	Rate of Pay		Reason for Change
From	To			Amount	Per	