



Resource

HR solutions that fit.

Personnel Data Sheet

(PLEASE PRINT CLEARLY)

Employer Name: _____ Employer Code: _____

First Name: _____ Middle Name: _____ Last Name: _____

Social Security No.: _____ Original Hire Date: _____ File Number: _____ Background Check: _____

(If not auto-assigned),

Yes No

(If YES, include a Consent to Conduct Background Investigation Form)

Employment Profile Information

Title: _____ Department: _____

EEO Class (Required; Select the job category that most closely relates to this position within your organization)

- Executive/Senior Level Officials and Managers
- First/Mid-Level Officials and Managers
- Professionals Craft Workers
- Technicians Laborers and Helpers
- Sales Worker Operatives
- Administrative Support Service Workers

New Department #: _____

(If a new department# is needed, please create below)

New Department Description: _____

Job Cost Code #: _____

(If a new job# is needed, please create below)

New Job #: _____

Workers' Compensation Code: _____ Job Description: _____

Benefit Class Code: _____

Compensation: _____ per: Hour Two Weeks Month Tipped
 Week Semi-Monthly Year

Hourly Rate 2: _____ (If Used) Hourly Rate 3: _____ (If Used)

Pay Frequency: weekly bi-weekly (26 pay periods/yr.) semi-monthly (24 pay periods/yr) monthly

Pay Type: Salary Hourly FLSA Status: Exempt Non-Exempt

Employment Class: Assignee Commission Only Intern Non-Paid Owner
 Seasonal Substitute Teacher Teacher 10/12 Trainee
 Union Employee Other*: _____ *Call your Payroll Representative

Pay Status: Full-Time Part-Time Regular Temp

Notes to ADP Resource _____

Signature of authorized representative or employer: _____

Title: _____ Date: _____

(PLEASE PRINT CLEARLY)

Name of Employer: _____

Employee Name: (First, Middle Initial, Last): _____

Social Security Number: _____

Birth Date: _____

Contact Information

Home Address

Street 1: _____

Street 2: _____

City: _____

County: _____

State: _____ Zip: _____

Are you subject to any city or local income taxes? Yes No
If so, please provide the city and/or locales below:

Lived-in

Worked-in

Gender: Male Female

Electronic Contact Information

Home Email: _____

Maiden Name _____

Business Email: _____

Marital Status: Single Married
 Divorced Widowed
 Common-Law

Phone

Primary Phone: _____

Ethnic Group: Are you Hispanic or Latino? Yes No

Secondary Phone: _____

If not Hispanic or Latino, please indicate below:
 White Black or African American
 Asian American Indian/Alaska Native
 Two or more races Native Hawaiian or other Pacific Islander

Emergency Contact Information

Contact #1

Name: _____

Contact #2

Name: _____

Primary Phone: _____

Primary Phone: _____

Secondary Phone: _____

Secondary Phone: _____

Relationship: _____

Relationship: _____

Notes to ADP Resource: _____
