

RPM & ASSOCIATES, INC. EMPLOYEE INFORMATION SHEET

New Hire ☐ **Re-Hire** ☐

To Be Completed By: Job Superintendent

Name: _____

First	Middle	Last
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Address: _____
Street and/or Post Office Box

City	State	Zip Code
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Telephone Number (Include Area Code): _____

Email Address:_____

Social Security Number: _____

Date Of Birth: _____ **(Please Check One)**-----Male ☐ Female ☐

Hire Date:_____ **Rate Of Pay:**_____

Marital Status: *(Please Check One)* ----- Single ☐ Married ☐

Number Of Dependents For Withholding:_____

Spouse:_____ **RPM Job Number:**_____

Name

Job Location Employee Was Hired For: *(City & State)* _____

Member of Union: (Please Check One) Yes ☐ No ☐ Carpenters Local ☐ Laborers Local ☐

Currently On Medication or Under Doctor's Care: Yes ☐ No ☐

If So, Please List Medication, Doctor's Name & Telephone Number.

<u>Medication</u>	<u>Doctor's Name</u>	<u>Telephone No.</u>
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Who Should We Contact In Case Of An Emergency?

Name	Relationship	Phone Number
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Job Superintendent: (Please Print) _____

Superintendent Signature

Employee Signature

TO BE COMPLETED BY HOME OFFICE

Employee Number_____

Department_____ **Class**_____

Unemp State_____ **Comp State**_____

Local Code NA