

645 N. Janacek Road  
Brookfield, WI 53045

Phone: 262-796-3788  
FAX: 262-796-0339



**EMPLOYMENT FORM**

Employee Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ home \_\_\_\_\_ cell

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ home/cell \_\_\_\_\_ work

Relationship: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Employee No. \_\_\_\_\_

Entered Payroll System: \_\_\_\_\_

Department: \_\_\_\_\_

Job Position/Title: \_\_\_\_\_

Status: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal

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

First Day of Actual Work: \_\_\_\_\_

Rate of Pay Upon Hiring: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_

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