



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: _____

LAST NAME: _____
Apellido Nombre

FIRST NAME: _____ MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: _____
Direccion

CITY: _____ STATE: _____ ZIP: _____
Ciudad Estado Zona Postal

HOME PHONE #: _____ CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: _____
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: _____
Numero de Seguro Social

GENDER: FEMALE ____ MALE ____ MARITAL STATUS: MARRIED ____ SINGLE ____
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) _____
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: _____
Nombre

PHONE #: _____
Teléfono

FOR CMG USE ONLY:

HIRE DATE: _____ START DATE: _____ TERM DATE: _____

SALARY (Hourly): _____ SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: _____ SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: _____

EMPLOYMENT STATUS

Agency Referral ____ CMG Recruit ____

CMG Rollover Date: _____

Client Rollover Date: _____

Revised: February 2008