pay advance PAYROLL
FOR TODAY'S PAYROLL SOLUTIONS

Employee Information Form

(Print clearly in **black** ink, all information that applies)

Company Name: _____

Employee Code/Number: _____

Social Security Number: _____ - _____ - _____

Date of Hire: _____/_____/_____ (mm/dd/yyyy)

Name: _____
First Middle Last

Street: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Hourly Rate: $_____ or Salary: $_____ (per pay period)

Date of Birth: _____/_____/_____ (mm/dd/yyyy)

Telephone #: (_____) _____ - _____ Gender (circle one): M or F

EEO Class: _____ EEO Job Code: _____

Location: _____ Department: _____

Title: _____ Supervisor: _____

Filing Status (circle one): Single Married Head of Household 1099

# of Exemptions / Dependents: _____ Worker's Comp Type: _____

Pay Advance Payroll
721 W. Whittier Blvd., Suite O, La Habra, CA 90631
562.697.7920 - Tel • 562.697.7930 - Fax