



WESTERN IDAHO EMPLOYEE SERVICES

EMPLOYEE DATA SHEET

EMPLOYER NAME: _____

Name: _____

Address: _____ **Apt #** _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Cell Phone:** _____

Social Security Number: _____

Date of Birth: __/__/__ **Emergency Contact:** _____ **Phone:** _____

Veteran: (please circle) YES / NO **Email Address:** _____

Branch of the Military: Army / Navy / Air Force / Marines / National Guard Reserves / Coast Guard

Active _____ Inactive _____ Retired _____ Discharged _____

Date of Hire: _____

Salary or Hourly Wage: _____

Full Time Employee: _____ **Part Time Employee:** _____ **Temporary Employee:** _____

Job Title: _____

Job Duties:

Deductions from Pay: (Loans, benefits, additional taxes, garnishments, etc.)

Supervisor's Signature: _____