

CONFIDENTIAL EMPLOYEE HISTORY

Employee Name				Employee #		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary (Seasonal) <input type="checkbox"/> Part Time <input type="checkbox"/> On Call				Security Clearance Level _____ Date Granted _____																												
Social Security No.		Date of Birth		Marital Status		Sex	Employment Date		Prior Employment <input type="checkbox"/> Yes <input type="checkbox"/> No		I-9 Documentation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
Address			City			State		Zip		Telephone																												
Change Date	Address Change		City			State		Zip		Telephone																												
Change Date	Address Change		City			State		Zip		Telephone																												
Change Date	Address Change		City			State		Zip		Telephone																												
Years of Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38

IN CASE OF EMERGENCY — CONTACT:

Name		Relationship		Telephone No.		Address	
Name		Relationship		Telephone No.		Address	
Doctor		Telephone No.				Address	
Emergency Medical Information: Refer to employee's Confidential Medical Information File for emergency care information.							

TAX INFORMATION

Federal (W-4) Exemptions				State/City Exemptions				Type	Credit Union	Christmas Club	Additional Ins.	Other Medical	Employee Fund
No.								Amt.					
Date								Date					

OTHER DEDUCTIONS

HOURS WORKED PER PAY PERIOD

Daily:	Weekly:
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BENEFITS INFORMATION

Insurance	Premium	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn	Retirement	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn
Medical - self							Co. Pension					
Medical - family							Union Pension					
Dental							401(K)					
Eyecare							Other					
Disability							Options	Employee Contribution	Employer Contribution	Date Eligible	Date Enrolled	Date Withdrawn
Life							Profit Sharing					
							Stock Plan					
							Union					
							Credit Union					
							Other					

HMO INFORMATION

Plan Name	Doctor	Co-Pay	Prescriptions	Co-Pay	Note
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PRIOR HEALTH INSURANCE COVERAGE

<input type="checkbox"/> Certificate Requested	Comments:
<input type="checkbox"/> Certificate Presented	
Such Certificates Should Be Kept in this File.	

This file should be used in conjunction with the Medical Information File to maintain such information separately as required by the FMLA and ADA.

Employee Name

Employee Number