

NEW EMPLOYEE INFORMATION

Last Name:

First Name:

Middle Initial:

D.O.B:

Address:

City:

State:

Zip:

SSN:

Hire Date:

Termination Date:

Reason for Termination:

Starting Salary:

Per:

Position at Start:

Part Time / Full Time:

On File: W2 I 9 Uniform Check Out / In

Copy of Photo I.D.
Resume/App. Receipt of Cast Member Manual

Note: _____

