



1358 7th Street East
Saint Paul, MN 55106
Business Phone: (651) 778-0562
Fax: (651) 778-9967

EMPLOYEE INFORMATION FORM

PERSONAL INFORMATION

Employee Name: _____ DOB: _____

SS#: _____ UMPI#: _____

Sex: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT INFORMATION

Full-time Part-time Position: _____

Rate 1: \$ _____ Effective Date: _____

Rate 2: \$ _____ Effective Date: _____

Rate 3: \$ _____ Effective Date: _____

Marital Status: Single Married

Federal Exemptions: _____ State Exemptions: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Emergency Home #: _____ Emergency Cell#: _____

Name: _____ Relationship: _____

Emergency Home #: _____ Emergency Cell#: _____