



# AFFORDABLE I N N S

## Employee File

Employee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M or F

Marital Status:

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Name of Spouse: \_\_\_\_\_ No. Dependents: \_\_\_\_\_

### Employment History

Date From / To	Position	Pay / Per
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Termination Information

Date Terminated: \_\_\_\_\_

Would You Rehire? Yes No

Reason for Termination: