



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: