Employee Data Sheet

WARDEN CONSTRUCTION

Name:_____
First Middle Last

Address:_____

City: _____

State:_____ZIP:_____

Telephone: (_____)_____

Emergency Contact:

_____

Emergency Telephone: (_____)_____

SSN#: _____

Job Site: _____

Start Date:_____

Date of Birth:_____

Job Status:
☐Full ☐Part Time

Gender:
☐Male ☐Female

Pay Code:
☐ Hourly ☐Salary

Pay Rate: $_____/_____

FORMS COMPLETED:

☐1. Application/Data Sheet
☐2. W-4 Form
☐3. Employment Eligibility Verification (I-9)
☐4. Photocopy of documents for I-9
☐5. EEO Reporting Form
☐6. Direct Deposit Authorization
☐7. &. Other_____
(for example: Non-compete, HAZCOM, etc.)

ISSUED:
☐Office Keys

REQUESTED:
☐Credit Card
☐Vehicle
☐Cell Phone

INSURANCE COVERAGE AND SIMPLE IRA RETIREMENT IS AVAILABLE TO ALL NEW EMPLOYEES AFTER 90 DAYS. PLEASE SELECT THE COVERAGE YOU ARE INTERESTED IN AND THE FORMS WILL BE SENT TO YOU WHEN YOU ARE ELIGIBLE.

Health, Dental and Vision Insurance. (check one box in each column)			
	Medical	Dental	Vision
Employee	☐	☐	☐
Employee and Spouse	☐	☐	☐
Employee and Child(ren)	☐	☐	☐
Family	☐	☐	☐
Declined	☐	☐	☐

Simple IRA and Supplementa Benefits

Please check all boxes that apply.

☐ I am interested in learning more about the Simple IRA
☐ I am interested in learning more about Supplemental dental
☐ I am interested in learning more about Supplemental medical
☐ I decline Supplemental Insurance
☐ I decline the Simple IRA

This certifies that I am forwarding a completed employment packet for the employee above.

Site-Representative:_____Title:_____Date:_____

Employee Data Form