

PROACTIVE-CARING-ACCOMODATING
SERVICES, LLC

THE FOLLOWING INFORMATION IS NECESSARY TO COMPLETE YOUR PERSONNEL RECORD AND WILL BE USED FOR FEDERAL AND STATE REPORTS, INSURANCE PURPOSES AND IN CASE YOU BECOME ILL OR INJURED WHILE AT WORK.

PERSONAL INFORMATION FORM

NAME:		
LAST	FIRST	MI.
HOME ADDRESS:		
STREET	CITY/STATE	ZIP
HOME PHONE: () - ()		
HOME		CELL
EMERGENCY CONTACT:		
NAME	TELEPHONE	ADDRESS
SEX: (CIRCLE ONE)	MARITAL STATUS: (CIRCLE ONE)	
MALE FEMALE	SINGLE MARRIED DIVORCED SEPARATED WIDOW OTHER	
DATE OF BIRTH: / /	SOCIAL SECURITY#: - -	
DRIVER'S LICENSE NUMBER: STATE:		
NUMBER OF ALLOWANCES: (WITHHOLDINGS) #		
E-MAIL ADDRESS:		
DAYS/HOURS AVAILABLE TO WORK:		
MON.	TUE.	WED. THUR. FRI. SAT. SUN. NO PREF
EFFECTIVE 8/1/87, THE MINNESOTA STATUTE 518.611 SUBDIVISION 8, REQUIRES ALL MINNESOTA EMPLOYERS TO ASK ALL NEW EMPLOYEES WHETHER OR NOT THEY HAVE A COURT-ORDERED CHILD SUPPORT OBLIGATION WHICH IS REQUIRED BY LAW TO BE WITHHELD.		
(CIRCLE ONE) (I DO) (I DO NOT) <u>HAVE A COURT ORDERED CHILD SUPPORT OBLIGATION</u>		
EMPLOYEE SIGNATURE:		
DATE:		