



PERSONNEL RECORD

SOCIAL SECURITY NO. _____ DEPT. NO. _____

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

W-4 STATUS: MARRIED SINGLE MARRIED AT SINGLE RATE

NO. OF EXEMPTIONS SHOWN ON W-4 _____

ADDITIONAL TAXES TO BE WITHHELD _____

PHONE NUMBER _____

DATE OF BIRTH _____

GENDER MALE FEMALE

DATE EMPLOYED _____

JOB TITLE _____

FULL-TIME PART-TIME

STARTING WAGES _____