



THE CAPITOL GROUP

PROFESSIONAL EMPLOYERS

"IT'S A CAPITOL IDEA!"

TO BE COMPLETED BY EMPLOYEE:

SOCIAL SECURITY NUMBER _____ LAST NAME _____ FIRST _____ M.I. _____

STREET OR P.O. BOX _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ MALE FEMALE _____ HOME AREA CODE & PHONE _____

NOTIFY IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____

WORK AREA CODE & PHONE _____ EVENING AREA CODE & PHONE _____

EMPLOYEE SIGNATURE _____ DATE _____

TO BE COMPLETED BY EMPLOYEE SUPERVISOR:

COMPANY NAME (CLIENT): _____

DESCRIPTION OF JOB: _____ W/C CODE: _____

Title _____ Department: _____

STATUS

Full Time (30 hours +) Part Time (less than 30 hours) Temp

PAY RATE & FREQUENCY

Hourly Piece Work Salary Salary + Commission

Tipped 1099 Salary + OT Commission Only

Pay Rate: \$ _____

Weekly Bi-Weekly Semi-Monthly Monthly

CLIENT HIRE DATE: _____ TCG START DATE: _____

COMPLETED BY: _____
SUPERVISOR SIGNATURE _____ DATE _____

SUPERVISOR NAME _____ TITLE _____

