

PHYSIO Physical Therapy and Wellness

Today's Date _____

Date of Hire _____

1 Name _____

2 Address _____

3 Hm Ph. _____

4 Cell Ph. _____

5 Email (other than work email) _____

6 Title _____

7 Direct Supervisor _____

8 Officership? If yes, what? _____

9 Department: _____

10 Pay: _____

11 Professional License # (If applicable. Required for PT/OT/PTA's): _____

Exp Date: _____

**Failure to renew your license will result in loss of work privileges. Punishment and/or penalty may also be applied.*

12 SS# _____

13 DOB _____

14 Federal Filing Status: Single Married Head of Household Don't withhold

Federal Allowances _____

Federal Extra Withholdings _____

15 State Filing Status: Single Married (one or two income) Head of Household Don't Withhold

State Allowances: _____

State Extra Withholdings _____

16 Marital Status

17 Military Status: Active Reserve

18 Employee Type

19 Key Employee

20 Gender

21 Ethnicity

22 Disabled? Yes No Description

23 Emergency Contact Person: Phone Relation

24 Are you a US Citizen?

25 I9 on file: Yes No

26 Work Authorization Expiration date:

27 Account Number

28 Direct Deposit

Staff Signature _____