

# PartnerJD

LEGAL SEARCH CONSULTANTS

## Employee Summary Information

Employee #: \_\_\_\_\_

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

### Job Information (Office Use Only)

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ HMO/PPO: \$ \_\_\_\_\_ per pay period

Work Location: \_\_\_\_\_ Client: \_\_\_\_\_ Dental: \$ \_\_\_\_\_ per pay period

Status: \_\_\_\_\_ Vision: \$ \_\_\_\_\_ per pay period

Start Date: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_ FSA: \$ \_\_\_\_\_ per pay period

Employee Type: \_\_\_\_\_ Salaried \_\_\_\_\_ Hourly Rate Per Hour: \$ \_\_\_\_\_