



Employee Enrollment Information Form

For On Trac, Incorporated at _____ (Operation Location/Site)

Full Name: _____ Gender: Male Female
Last First MI

SSN: _____ - _____ - _____ Date of Birth: _____ Home Phone: (____) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Widowed Legally Separated

E-Mail Address: _____

Emergency contact: _____ Relationship: _____

Emergency Day Phone: (____) _____ Evening Phone: (____) _____

During the last 10 years, have you ever been convicted of, pleaded guilty or nolo contendere to, or received deferred adjudication for a felony offense? YES NO If "YES", please explain: _____

THIS SECTION TO BE COMPLETED BY PROJECT MANAGER OR SUPERVISOR

Position/Title: _____

WAGE: \$ _____ per Hour Year Exempt (Salaried) Non-Exempt (Hourly)

Employee Status: Full Time Part Time (____) hrs/wk Temporary

Other Pay Eligibility: Commission Bonus Other: _____ @ Rate: _____

Requested Start Date: _____

THIS SECTION TO BE COMPLETED BY ON TRAC CORPORATE OFFICE

Pay Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Department: _____ Job/ Workers' Comp Code: _____

Eligible for Benefits on: _____/_____/_____

Federal Tax Status: _____ State Tax Status: _____

Other Tax Jurisdiction: _____ Additional Tax Withholdings: \$ _____

PEO Hire Date: _____ Client Hire Date: _____