



Application for Employment

Position You Are Applying For _____

Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION

Last Name		First Name	Middle
Address		City	State Zip
Home Phone: _____		Cell Phone: _____	Email address: _____
Social Security Number: _____			
Are you a U.S. Citizen? [] Yes [] No			
Have you ever been convicted of a felony? [] Yes [] No			
If selected for employment are you willing to submit to a pre-employment drug screening test? [] Yes [] No			

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT

Employer: _____	Dates Employed: _____
Work Phone: _____	Pay Rate: \$ _____ to _____
Address: _____	
City: _____	State: _____ Zip: _____
Position: _____	
Duties Performed: _____	
Supervisors Name and Title: _____	
Reason for leaving: _____	
May we contact them? [] Yes [] No	

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

- ☐ I certify that all answers given herein are true and complete to the best of my knowledge.
- ☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- ☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____

EMPLOYEE INFORMATION TO SETUP ON PAYROLL

Active or Term

Direct Deposit? ☐

Garnishment? ☐

Company Name: _____ Client # 25- _____

***Before first payroll – Please Fax this to 877-585-9206 or email to jdill@paychex.com**

***After first payroll – Fax or email to your assigned specialist. Online clients can enter this online.**

***Be sure to include Direct Deposit form and void check for employee if using direct deposit.**

Employee Info

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ Date of Birth: _____

Single or Married (Circle One) **#of Dependents Claiming:** _____

Date of Hire: _____ (close as possible) State of Employment _____

Employer Use Only

Salary / Commission/ Hourly (Circle all that apply)

Rate of pay: _____ **W-2 or 1099** (Circle one)

Any Special Payroll Deductions? Yes ☐ NO ☐ (Examples are below)

401 K Yes ☐ No ☐ Pre Tax or Post Tax? How much/often? _____

Medical Yes ☐ No ☐ Pre Tax or Post Tax? How much/often? _____

Loan Yes ☐ No ☐ Pre Tax or Post Tax? How much/often? _____

Garnishment Yes ☐ No ☐ Pre Tax or Post Tax? How much/often? _____

Other Retirement Yes ☐ No ☐ Pre Tax or Post Tax? How much/often? _____

***Specific Department?** Ex: Sales, Admin, Etc. Yes ☐ No ☐ Depart. Name _____

Notes: _____
