

CORRIDOR LANDSCAPING

Employee Information

Store: 01

Name: _____ Phone: _____ Badge # _____

Address _____ City, State _____ Zip _____

Permanent Address (If different from above) City, State _____ Zip _____

Social Security #: _____ DL #: _____

D.O.B. _____

Emergency Contact _____ Phone: _____

Company Use Only

Hire Date: ____/____/____

Starting Wage: \$ _____ per hour

Wage History: ____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Evaluation Date: ____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Comments: _____

