



Employee Information Sheet

****Write Clearly****

Full Name (*Legal Name*): _____

First Name

Middle Initial

Last Name

Gender: Male Female Date of Birth: _____

Social Security #: _____ Date Of Hire: _____

Email: _____ Phone #: _____

Home Apt. Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Alt. Phone #: _____

Marital Status: Single Married Married Head of Household
(Filing Separately) (Married Jointly)

\$Amount Claim (W4) _____ Additional withholdings \$: _____

Emergency Contact Person: _____ Phone #: _____

Have you ever worked at a Spirit Store Before? Yes No

If YES, Where: _____ When: _____

Days and Hours Available to Work:

Mon: _____ Tues: _____ Weds: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Will you consent to a background check – Check box if “YES”



For Office Use Only - To be filled out by Manager or District Manager Only.

Store Number: _____ Rate Of Pay: \$ _____

First Day of Work: _____ Termination Date: _____

Voluntary Termination: _____ Involuntary Termination: _____

Reason for Termination: _____