

Employee Data Form

SECTION 1 – Employee Data *(Employee must complete all items – Please Print)*

EMPLOYEE INFORMATION (As it appears on your identification)	Social Security Number		Date of Birth (MM/DD/YYYY)		
	First Name	Middle Name	Last Name		
	Address				
	City	State	Zip Code		
	Email Address				
	Main Phone Number <small>(Include area code)</small>	()	Alt. Phone Number <small>(Include area code)</small>	()	
	EMERGENCY CONTACT INFORMATION				
	Emergency Contact Name		Relationship		
	Phone Number <small>(Include area code)</small>	()	Alt. Phone Number <small>(Include area code)</small>	()	
	EQUAL OPPORTUNITY DATA - EEOC				
Race/National Origin <small>(Please select one that applies)</small>	<input type="checkbox"/> White	<input type="checkbox"/> Black or African/American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> I choose not to disclose	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status: <small>(Check all that Apply)</small>	<input type="checkbox"/> Disabled Vet <input type="checkbox"/> Other Protected Vet	<input type="checkbox"/> Armed Forces Service Medal Vet <input type="checkbox"/> Recently Separated Vet Date Separated:	

SECTION 2 – Employer Data *(This section must be completed by the employer for the employee to be processed in Render HR's system)*

EMPLOYER INFORMATION	Hiring Company		Manager/Supervisor			
	Date of Hire	Check One	<input type="checkbox"/> New Hire	<input type="checkbox"/> Re-Hire	90 Day new hire period? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location/Branch		Department			
	Position	Job Title				
	NEW EMPLOYEE PAYROLL INFORMATION					
	Pay Frequency <small>(Please select one)</small>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	
	Employment Status <small>(Please select one)</small>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1099 Contract
Pay Type & Pay Rate	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary (Non-Exempt)	<input type="checkbox"/> Salary (Exempt)	<input type="checkbox"/> Commissioned	<input type="checkbox"/> Piece Rate	
	\$ /Hr.	\$ /Yr.	\$ /Yr.	Details	Details	

I understand that the employee status is not active until all completed forms are received by The Company and its affiliates

Authorized Supervisor or Manager Signature

Authorized Supervisor or Manager Title

Date

SECTION 3 – Render HR LLC Data *(This section to be completed by and Render HR Representative Only)*

RENDER HR INFORMATION	Client Company Name		Client Number		
	Render Effective Date	System Date	Direct Deposit		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Workers Comp Class Code	Information Keyed By			
	Notes:				