

Effective as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# TOTAL SURFACE CONCEPTS

Resinous Flooring Experts

## EMPLOYEE INFORMATION

### Personal Information

Full name: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Can you travel? Yes / No  
Street Address Apt/Unit #  
City State Zip Code

Phone #: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN or Gov't ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital status: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Spouse work phone #: \_\_\_\_\_

### Payroll Pick-Up

Who can pick up your check? (list name) \_\_\_\_\_  
[must be able to provide valid ID during time of pick-up]

Duration of authorization to pick up check: indefinite: yes \_\_\_ no \_\_\_  
(If no, list duration of time): \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
Street Address Apt/Unit #  
City State Zip Code  
Alternate phone #: \_\_\_\_\_

**\*Employee understands that authorized pick-up requires a valid ID for listed persons.**

**\*\*Employee understands that this form is valid effective immediately and any changes must be made on a new form thus making the current form on file invalid.**