CROSS COUNTRY
INFRASTRUCTURE SERVICES INC.

Employee Information Form

Mr./Ms.: _____
First Middle Last
Date this Form was completed: _____
Driver License Number: _____
Birth Date: _____ Gender: _____
Social Security Number: _____
Home Address: _____
City: _____ State: _____ Zip: _____
County of Residence: _____ Home Telephone No.: _____
Position: _____
Mailing Address (if different from above) _____
_____
Personal Email Address _____

In Case of Emergency, Notify: _____
Relationship to employee: _____
Address: _____
Telephone: _____
Please indicate phone type (Home, Work or Cell)

INFORMATION BELOW TO BE FILLED OUT BY SUPERVISOR

Position: _____

Proposed Start Date: _____
Pay Rate: _____
Circle one: Exempt or Non Exempt Circle one: Full Time or Part Time or Temp
Job Location/Number: _____

Supervisor Signature: _____