

## Atlanta Dental Group PC Employee Information

### *To Be Completed By Employee:*

Name(First, Middle, Last) \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Tax Jurisdiction Data: Resident County Name: \_\_\_\_\_

### Equal Opportunity Data:

Race/National Origin:  Caucasian  African American  Hispanic  
 Asian  Native American  
Gender:  Male  Female

Employee Signature: \_\_\_\_\_

## Payroll Data

### *To Be Completed By Employee's Manager Only:*

Date of Hire: \_\_\_\_\_  New Hire  Rehire

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_ Worker' Comp. Code: \_\_\_\_\_

Position: \_\_\_\_\_ Title: \_\_\_\_\_ Benefits Code: \_\_\_\_\_

EEO Job Category:  Official or Manager  Professional  Office/Clerical  Service Worker

Pay Frequency:  Weekly  Biweekly  Monthly

Pay Type:  Hourly- Rate of Pay: \$ \_\_\_\_\_ Rate Per Overtime Hour: \$ \_\_\_\_\_  
 Annual - Salary \$ \_\_\_\_\_

Status:  Full Time  Part Time  Seasonal  Temporary

Authorized Manager Signature: \_\_\_\_\_