



# Team Member Information Sheet

New Hire [TO BE COMPLETED BY TEAM MEMBER *AFTER ACCEPTANCE* OF JOB OFFER]

Change  Rehire  Termination  Store Transfer  Wage Change  Change of Status

Full Name: \_\_\_\_\_ Name You Go By: \_\_\_\_\_

(Must be the same as on Social Security card)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ (Month) \_\_\_\_ (Day) \_\_\_\_ (Year)

Race:  Caucasian  Asian  African-American  
 Hispanic  Native American  Other \_\_\_\_\_

Sex:  Male  Female Marital Status:  Married  Single

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

TO BE COMPLETED BY STORE GENERAL MANAGER:

Date of Hire/Rehire/Transfer: \_\_\_\_\_ Store #: \_\_\_\_\_ Wage: \$ \_\_\_\_\_  Hour  Month

Position:  Crew [ Front or Back ]  Supervisor  Full-Time  Part-Time

All Terminations must be explained in the space below: Date: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Voluntary Quit/Resignation  Discharged  Eligible for Rehire  Not Eligible for Rehire

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES: Team Member: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_